

THE  
CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. VII.

JULY, 1866.

NO. 7.

Original Contributions.

ARTICLE XXII.

PRACTICAL REMARKS ON BLOOD-LETTING.

[CONTINUED.]

By D. B. TRIMBLE, M.D., Chicago, Ill.

The next portion of the subject that will claim attention will be that of diseases affecting the digestive system.

In wounds or other injuries of the parieties of the abdomen, or of the abdominal viscera, venesection is often required to subdue or moderate inflammation.

In many of the diseases of the alimentary canal, (both extra and inter-abdominal,) especially those of an inflammatory nature, blood-letting, general and local, is frequently necessary.

*Stomatitis*.—In the various inflammations of the mucous membranes of the mouth, there is but one variety—the common diffused inflammation—in which blood-letting is required; and then only in severe cases, and locally, by leeches.

*Glossitis*, or inflammation of the muscular portion of the tongue, is a disease so dangerous in its tendencies, and so rapid in its termination, as often to require the promptest and most active treatment. The inflammation is of the sthenic type, as shown by the strong and frequent pulse, and hot skin; and asphyxia, apoplexy, or a gangrenous condition of the tongue may end the case fatally, if not relieved. No remedy acts so

promptly and efficiently in such cases as free venesection (followed by leeches to the lower jaw or to the neck below it) repeated until the inflammation is lessened or controlled. When these measures, and other remedial means that may be deemed necessary, do not succeed, free incisions into the tongue may give relief.

In *Angina*, or ordinary sore throat, bleeding is very seldom necessary, but if the disease is severe and accompanied by fever, headache, and a full, strong pulse, moderate venesection may be required. In the *diphtheritic* variety of angina, some authors recommend venesection and leeching, but I have never resorted to it in this disease, and do not favor its use. This affection, if seen in the early stages, is generally easily controlled by other and milder means; and if not seen until the disease is fully developed, the prostration is usually so great as to preclude its use.

*Tonsillitis* or *Quinsy*, if seen during the forming stage, may frequently be prevented from proceeding to suppuration by active venesection, followed, if necessary, by leeches to the upper anterior portion of the throat. By this treatment I have sometimes succeeded in preventing the tonsils from suppurating in persons subject to frequent attacks of quinsy. If the patient is aged or feeble, or the fever light, it should be omitted. If venesection or leeching are not required, scarifying the tonsils will afford considerable relief.

In *Pharyngitis* and *Esophagitis*, if of the sthenic grade, with a strong, full pulse, bleeding, both local and general, is indicated, though many cases will do well without it. These phlegmasiæ generally terminate in resolution, but sometimes abscesses form, and are the cause of much danger. On this account, chiefly, are antiphlogistic remedies necessary.

*Gastritis* seldom occurs as an idiopathic affection, but is generally an attendant on some other disease, or is produced by the introduction into the stomach of poisons, or acrid or corrosive substances. When idiopathic and acute, it requires depletion as freely as the phlegmasiæ of the viscera generally; and, also, when an attendant on other diseases, venesection

may sometimes be indicated, though generally not to so great an extent. When caused by poisons or corroding substances, the system is usually too prostrate to bear general depletion; though after reaction (when it occurs), leeches applied to the epigastrium have sometimes a beneficial effect. In those cases, also, which are consequent on other diseases, leeching the epigastrium will often allay the vomiting and pain, and lessen the inflammation. They should also be used in idiopathic cases, after sufficient venesection has been practised. HABERSHON and BRINTON advocate leeching only. In the *chronic* form, venesection is seldom required, unless there is fever, with a full and strong pulse, when a moderate bleeding will often alleviate the symptoms. A few leeches applied over the epigastrium and often repeated, will frequently accelerate the cure.

In *spasm* of the stomach, if there is inflammatory action, venesection may be necessary, or cups or leeches applied to the epigastrium; or, if depending upon spinal irritation, to the spine.

In *Gastric Irritation*, arising from the same cause, the same treatment is indicated.

In *Ulceration* of the Stomach, HABERSHON recommends leeches applied to the scrobiculus cordis; while BRINTON admits that they will afford temporary relief, but does not advocate their use. To be of any permanent benefit, they should, no doubt, be applied early, and while the ulceration is superficial. In *chronic* ulceration, and in the other organic and functional diseases of the stomach, as tumors, cancers, dyspepsia, etc., it is rarely, if ever, that depletion is indicated.

In *Cholera Morbus*, though some authorities recommend general or local bleeding, it is not, in my opinion, ever required, unless symptoms of gastritis should supervene, when leeches to the epigastrium may be beneficial.

Blood-letting is one of the numerous remedies recommended in the treatment of *Asiatic Cholera*, on which subject there is much diversity of opinion. The remarks that I may make relating to this disease I will quote chiefly from an article contributed to the April number of the *Chicago Medical Journal*,

for 1866. "Dr. GEORGE JOHNSON, Prof. of Medicine in Kings College, takes the position that the collapse of cholera is not due to a drain of liquid from the blood, and strongly advocates free venesection as the remedy chiefly to be relied upon" in many cases. In regard to the effect of venesection on the symptoms of collapse, he says:—"But what has been the effect of venesection in not one or two, but in a large number of cases of cholera, and in the hands of many practitioners?" It is in the writings of the Indian practitioners, that the largest amount of evidence is to be obtained, as to the influence of blood-letting in cholera. Quoting from them, he says:—"AN-NESLEY says, in place of syncope being produced by bleeding in the cases which I have treated, the pulse has invariably improved, and the feelings of faintness and debility disappeared." "BELL makes the following statement:—The effect of blood-letting would, indeed, sometimes appear almost miraculous. A patient will be brought in on a cot, unable to move a limb, and, but that he can speak and breathe, having the character, both to touch and sight, of a corpse; yet will he, by free venesection alone, be rendered, in the course of half-an-hour, able to walk home with his friends." After giving still further testimony to this treatment, he says:—"I maintain that the numerous well-authenticated instances of great, and immediate, and permanent relief by means of venesection in the collapse of cholera, are irreconcilable with the hypothesis in question, *viz.*, the loss of liquid constituents of the blood." But Dr. WOOD advises it only "in those rare cases in which the pulse is full and strong, especially if connected with convulsive symptoms, blood should be taken from the arm." In my father's case, referred to in the same article, the system was in the condition referred to by Prof. JOHNSON, the "surface was cool and shrivelled, and the pulse at the wrist almost imperceptible," and this was his physician's reason for bleeding, I suppose on the theory of internal congestion. "Leeching is recommended in some cases, both by Prof. WOOD and Dr. AITKEN. The former advises it in the earlier stages to the epigastrium, where there is tenderness or burning pain in the stomach; the latter, to the



temples, when there is headache." In my own practice I have seldom resorted to depletion, but, from the effects that I have seen produced by it, and the testimony of medical writers to its efficacy, I hope to see it tested, if the disease should appear in our midst.

In *Cholera Infantum*, if there is much tenderness of the abdomen, and not too much depression of the system, leeches may be applied to the epigastrium, sometimes with a happy effect.

The diseases of the duodenum are so similar to those of the stomach, that the treatment applicable to the former is, to a great extent, applicable to the latter. *Duodenitis* and *congestion* of the mucous membrane of the duodenum are the only diseases of this organ in which direct depletion is required.

In *acute Enteritis*, where either the mucous membrane of the intestine only, or all of its coats are inflamed, if the constitution is good, and the pulse full and frequent, venesection is indicated, and generally relieves the constipation which is a frequent effect of this disease, and moderates the pain and the violence of the inflammation. If the disease should occur in the feeble or aged, or in a mild form, bleeding is not required. Leeching or cupping the abdomen over the region of the small intestines should be resorted to when the inflammation is severe and venesection not admissable, or should succeed venesection. In the *chronic* form, general bleeding is seldom required, but leeches are sometimes very beneficial.

The *Cæcum* is also the subject of inflammatory action, a frequent cause of which is its peculiar form, in which, sometimes, the intestinal contents are impacted, giving rise to irritation and inflammation of its coats, and occasionally terminating in ulceration or suppuration. Some years ago, I was called in consultation in a case where the attending and consulting physicians could not agree in regard to the exact nature of the disease. I found the patient with an abscess in the right iliac region, which had opened externally, and from which passed, beside pus, watermelon seeds, fish-bones, etc. He was emaciated, skin of an icterode hue, etc. The attending physician, a young man, was of the opinion that it was a case of hepatitis,

resulting in the formation of an abscess, and that by adhesion between the liver and duodenum a portion of the contents of the latter had passed through the liver, and from the body by its opening through the abdominal wall. The consulting physician, an old and experienced practitioner, was of the opinion that the case was one of typhlitis, caused by the seeds, etc., that had lodged in the cæcum or appendix vermiformis, and that this was the point from which they were ejected. With thir view of the case, I concurred, and the patient dying the next day, gave the opportunity, by a necroscopic examination, to determine the question. The consulting physician's view was fully confirmed, by the appendix vermiformis being found perforated, but still containing some of the seeds, etc., similar to those thrown off, intermingled with pus. In typhlitis from this cause, depletion could have only a palliative effect; but when produced by cold or any of the ordinary causes, depletion is as beneficial as in enteritis. Professor JACKSON, of Cambridge, relates some cases which he denominates "painful tumors *near* the cæcum, and in which the cæcum may be suspected to take a part." It is characterized by a tumor and severe pain in the right iliac region; in some cases there is fever and constipation, and the abdomen is painful, hard, and tender, when free venesection and leeching promptly alleviated the sufferings, and the cures were generally rapid. In mild cases, leeching only was resorted to.

In an article on the treatment of *Dysentery*, written for the *Chicago Medical Journal*, August, 1865, I stated that during two extensive and severe epidemics that prevailed, "venesection was seldom resorted to; and the few instances in which I did bleed were in persons of good constitutions, in the vigor of life, and where the fever ran high, and in these cases with much benefit." "Though there are diseases in which I would resort to venesection, where many of the physicians of the present day would not, yet dysentery is not one of those diseases, except in peculiar circumstances. The disease often produces great debility, and is sometimes prolonged to several weeks, so that it is necessary to economize the strength of the system as

much as possible; and unless the inflammation of the colon and rectum is of a very active grade, we can generally succeed without it." Dr. WOOD says:—"Bleeding should always be resorted to when there is much pain and tenderness of the abdomen, with febrile action and a vigorous pulse," and, "if the local symptoms are unabated, and the pulse remains firm, may be repeated again and again." On the other hand, HABERSHON remarks:—"I have never observed a case of dysentery, where venesection could have been tried with probable success." I have had much experience in the treatment of this affection, and think one author about as far wrong as the other. I do not remember to have bled in any case more than once, and have attended many cases where there was "much pain and tenderness of the abdomen, with febrile action" that have done well without this measure; and on the other hand, I have resorted to it in cases in which the cure, I am confident, was much accelerated by it, and in which success might not have been attained had it been neglected. I concur, however, with the latter author in his further remarks, that "local depletion is of great service, either applied to the anterior surface of the abdomen or to the anus. The latter more directly acts on the intestine, on account of the connection of the inferior hemorrhoidal with the inferior mesenteric veins." In *chronic* dysentery, if there is much pain and tenderness, leeches may also be applied to the abdomen. In those acute cases, where there are typhoid symptoms or those of an adynamic character existing, venesection cannot safely be resorted to, and but seldom local bleeding.

*Diarrhœa* is a disease of such varied character, and depending on so many different causes, as to make it difficult to follow any regular line of practice. The only cases in which bleeding is called for, are those of an inflammatory or bilious character, when moderate bleeding, general or local, may be necessary.

In *Colic*, bleeding is recommended by some authorities as useful in relaxing the spasm in that variety of the disease, and also in reducing inflammation. I do not remember ever to have bled in this affection. In bilious, rheumatic, and inflam-

matory colic, venesection may be employed still more freely than in spasmodic colic, especially in the latter two varieties. In bilious colic, the addition of cups to the right hypochondrium will be beneficial.

In *Constipation*, arising either from inflammation, spasmodic action, or obstruction of the bowels from any cause, venesection should be freely practised with the view of alleviating the inflammatory condition, or producing relaxation. Cupping or leeching the abdomen, or leeches applied to the anus, may be used in addition.

In *Hemorrhoids*, where the system is plethoric, venesection is sometimes beneficial, but is seldom necessary. Leeches applied to the anus, or scarifications of the tumors are often highly useful. Since my residence in this city, I have had one severe case of piles, of long continuance, cured, at the time, chiefly by the application of half-a-dozen leeches and the recumbent posture. I had previously scarified the parts with but slight benefit. The attacks since, have been very light and infrequent.

In *Prolapsus Ani*, if the bowel cannot be reduced on account of inflammation and tumefaction, or constriction of the sphincter, venesection will be indicated, followed, if the inflammation and spasm are not subdued, by leeches to the nates.

For similar reasons, venesection is often required in *Hernia*, particularly if strangulated. It will sometimes so far relax the stricture, and reduce the size of the protruded intestine, as to produce a voluntary reduction; and if not, renders the taxis more speedily and safely successful, and lessens the danger of subsequent inflammation.

In *Peritonitis* of the acute and puerperal forms, prompt and active depletion is the sheet-anchor of hope. Full venesection at the commencement of the disease, repeated once or more, if necessary, and followed by the application of leeches to the abdomen, can seldom be omitted without great risk to the patient. Nor can the pulse or countenance be taken for the guide for this remedy in this disease, for the pulse is generally small and very frequent, though corded, and the face pale. The pulse is often rendered freer, fuller, and slower by venesection,

and when this is the effect, it may be continued without fear of evil consequences. This treatment applies to mesenteritis, omentitis, or other partial inflammations of the peritoneum, equally, though modified in degree, as to peritonitis. In *chronic* peritonitis, leeching the abdomen occasionally, is sometimes required.

In acute inflammation of the *Mesenteric Glands* either as the result of enteritis, or connected with a strumous condition of the glands, leeches or cups may be applied to the abdomen with the view of preventing the formation of abscesses, or to retard the progress of the disease when tuberculous.

In many diseases of the accessory organs of digestion, direct depletion is often required—

In some diseases of the *Liver*, it is frequently of very great benefit.

*Hepatitis.*—The phlegmasiæ of the liver, arising from various causes, affecting different portions of the viscus, differing in their characters, and producing different effects, cannot properly be treated of under one general head. Dr. BUDD, in his work on “Diseases of the Liver,” classifies them as “suppurative,” “gangrenous,” and “adhesive inflammations,” “inflammation of the veins of the liver,” and “of the gall, bladder, and ducts.” While Dr. WOOD, in his work on “Practice,” in more general terms, considers it as affecting “the substance of the liver, its investing peritoneal membrane, or both;” or involving “the whole organ, or only a part.” As my object is to treat of one only of the remedies applicable to this disease, (as well as to others,) I cannot enter into an elaborate consideration of the various forms of inflammation, in this connection. In suppurative inflammation, if caused by external violence to the liver, or by ulceration of the stomach, intestines, or gall-bladder, BUDD recommends depletion, especially local, whereby the extent of the inflammation and abscess may be lessened, and, in some cases, the latter be prevented from forming. But if caused by phlebitis, consequent upon injuries to the head or limbs, “the whole mass of venous blood is contaminated by pus,” a typhoid condition is soon induced, and bleeding is contra-in-

licated. BUDD lays much stress on the danger of opening abscesses of the liver, and he is probably correct, as his experience in this class of diseases was very great; but in the few cases that I have attended, I have had no unfavorable symptom following the operation as its sequent. Twelve or fifteen years ago, I attended a middle-aged man, who was reduced to a state of extreme prostration and emaciation by a severe attack of hepatitis, terminating in the formation of a very large abscess, which *pointed* in the lower portion of the right hypochondrium. I lanced it, and an immense amount of pus was discharged, from which time he began to improve, and was slowly, but entirely, restored to health. One of the principal effects of *adhesive* inflammation of the liver, is the production of *cirrhosis*, which soon terminates, if not relieved, in an atrophied condition of the organ. If the disease is seen at its commencement, which, from its insidious character is not often the case, among the most efficient remedies are cupping or leeching over the region of the liver. "While there is much tenderness, and some degree of fever exists, nothing produces so much relief as the local abstraction of blood." (BUDD.) This remedy must be more cautiously used in the cases of the habitually intemperate, and, unfortunately, the use of alcoholic drinks is the most frequent cause of the disease. There are other forms of hepatitis beside those already considered, arising from other causes, as when the result of pneumonia, scarlatina, etc., and where antiphlogistic measures are indicated. In acute hepatitis, when the pulse is full and strong, and the constitution good, without having regard to the peculiar character of the inflammation, free venesection should generally be practised, and repeated if the symptoms are not alleviated. "Local bleeding is an excellent auxiliary to the lancet, or substitute for it when forbidden. It is very rarely indeed that, in acute hepatitis, blood cannot be taken with propriety from the vicinity of the disease." (Dr. WOOD.) In *chronic* hepatitis, local depletion alone is required, and that only occasionally. In inflammation of the *biliary ducts*, and of the *gall-bladder* and *ducts*, leeching the right hypochondrium or epigastrium, and, occasionally, general bleed-

ing is indicated. "Leeches relieve the pain and tenderness, and mitigate the inflammation, and, in consequence, lessen the danger of perforation and of permanent closure of the ducts." (BUDD.)

In *Congestion* of the liver, local, and sometimes general, bleeding may be necessary, but in the great majority of cases these measures may be omitted, other remedies being sufficient.

In *Biliary Calculi*, venesection is sometimes beneficial, by relaxing the spasm of the duct and enabling the calculi to pass; and also in subduing inflammation. If the patient is robust, and not too much prostrated, this measure may greatly aid the cure, but often the prostration is so great as to contra-indicate it. If there is much tenderness after the passage of the calculi into the duodenum, leeches should be applied over the region. Though not strictly a portion of our subject, it will, perhaps, not be deemed intrusive if I relate a case in which death was caused by a gall-stone. The patient was a middle-aged married woman, who had been in ill health for several years, with symptoms of indigestion, and was eventually confined to her room for months. She had frequent attacks of vomiting, her food returning often undigested, and was generally constipated. Sometimes she had diarrhoea, but no bile, either in the substances vomited, or in the dejections. Her skin was slightly tinged with an icterode hue, more like its appearance in cancerous affections than in jaundice; there was a small tumor in the epigastric region, and some tenderness. She became greatly emaciated, and I thought her disease was scirrhus of the pylorus. But the necroscopy exhibited an undiseased, though greatly contracted, stomach; and, in examining the liver, I discovered a calculus as large as a pigeon's egg, embedded in its substance where the choledoch duct *should have been*, but of which there was not a trace. The connection between the gall-bladder and duodenum was completely obliterated; of course, no bile could pass into the latter, and digestion and life were eventually destroyed. Another singular *absence* in this case, (though having no bearing on our subject,) was that of the uterus. There was no trace of it, and no appearance indicating that it had ever existed.



*Jaundice*.—In those cases of jaundice where there is tenderness of the right hypochondrium, or of the duodenum, leeches applied to either part, respectively, may afford much relief. In some cases, especially if there is much arterial excitement, it may be necessary to take blood by venesection, but the great majority of cases do not require it. Drs. BUDD, WOOD, and JACKSON, of Cambridge, especially the latter, recommend leeching in this disease. Though admitting its propriety where there is vascular irritation of the liver, gall-ducts, or duodenum, I have seldom resorted to local, never, I believe, to general depletion in jaundice, believing it to be rarely indicated by the symptoms.

Of the diseases of the Pancreas, *Acute Pancreatitis* is the only affection that requires general bleeding, though in *Chronic Pancreatitis*, as in the acute, and in *Cancer* of this viscus, when inflammation exists, leeching is beneficial. Just before my removal to Chicago, I lost an old patient and friend in Philadelphia, of cancer of the pancreas, the only case I ever saw. His disease commenced, (or rather the first symptoms indicating it,) with an inability to retain his food, which, in the course of a few weeks, merged into active and severe emesis, severe lancinating pain in the epigastrium, a deeply jaundiced appearance of the skin, and great emaciation, terminating in death in about four months after the symptoms were developed. The diagnosis in his case was not clear, and his physicians were in some doubt of the exact nature of his disease until the autopsy revealed it.

Though the functions of the spleen are not certainly determined, yet its situation in the abdomen, and proximity to the most important organs of digestion, appear to render this the proper place to consider the diseases to which this organ is subject, and which require depletion.

In *Acute Splenitis*, both general and local bleeding are required in the majority of cases. Where there is great debility, or in the chronic form, this treatment should be restricted to leeches applied to the left hypochondrium. I have frequently attended cases of splenitis, and where I have resorted to deple-

tion, found it to relieve, promptly, the pain, lessen the tumefaction, and facilitate the cure. I was once called, in the absence of his physician, to a young man whom I found in a dying condition, and who died in a few hours. The next day, (his physician not having returned,) I was summoned by the coroner, in connection with another physician, to hold a *post mortem* examination, as it was supposed, from circumstances, that he had been beaten to death. With the exception of a slight bruise on one temple, (which might have been caused by a fall,) there was no external mark of injury. On opening the abdomen, we found a large quantity of blood in its cavity; and on examining the spleen, there were two ruptures disclosed, each crucial in form, and the spleen (which had apparently been much enlarged) was shrivelled or contracted. The patient had formerly, and but a few months before, had intermittent fever, and lived in a miasmatic region. Whether the engorged spleen had been ruptured by a fall or a blow, it was difficult to decide; but the absence of any external mark over its region inclined us to the former opinion. I suppose it was a case of chronic inflammation, enlargement, and softening, induced by malarial influences.

In some cases of *Congestion* of the spleen, if the constitution is robust and the disease active, bleeding may be resorted to; but it is not generally required.

June 6th, 1866.

---

#### ARTICLE XXIII.

EDITOR EXAMINER:—The following letter, from our intelligent and ingenious friend, Dr. JOHN A. YOUNG, of Monmouth, so clearly expresses his views, as to the theory and therapeutics of cholera, that I am induced to think that it would be interesting to your readers. Should you agree with me in this respect, I hope to see it in your valuable periodical.

Respectfully,

W. H. BYFORD.

MONMOUTH, May 17th, 1866.

PROF. W. H. BYFORD,

*Dear Friend:*—Will you be kind enough to bear with me whilst I may inflict upon you a long, and perhaps profitless, communication. My object is to present a few thoughts and suggestions that have occurred to me, upon that *much-abused* subject—the treatment of cholera. And, to come directly and at once to the point, to direct your attention to, and ask your opinion in regard to, the use of Belladonna, or its active principle, Atropine, in impending collapse, or, after this stage has set in—administering by hypodermic injection. I do not know whether this has ever been proposed or acted on by any one or not; if it has, I am not aware of the fact.

I will endeavor, in as brief and concise manner as possible, to state to you the process of thought that led me to the conclusion that atropine might, at least, prove an useful auxiliary in that condition. I will admit that I was, perhaps, *too* favorably impressed with the theory of Dr. CHAPMAN, of London, when it was first announced, owing, doubtless, to the fact that I was at that time much interested in studying the works of BROWN-SEQUARD, upon the pathology of the nervous centres. The subsequent reports made by Dr. C. and other physicians of Southampton of the trial of his method rather confirmed me, although the cases were too few in number to establish it.

Since that report, I have carefully read the lectures of Dr. GEO. JOHNSON, Prof. of Med. in Kings College. In speaking of Dr. CHAPMAN's theory, he designates it as "a speculative web, spun from the projector's brain." What special part of the theory he views in this light, he does not state; but, in advocacy of his *own* theory of the cause, pathology, and treatment of cholera—which he puts forth with great boldness—asserts, as an incontrovertible fact, that collapse is *not* occasioned by depletion from loss of serum, but by *spasmodic contraction* of the capillary branches of the pulmonary artery, preventing due oxygenation of the blood, etc., etc.

He contends that a morbid material is conveyed by the *blood*,

causing irritation and consequent spasm, therefore we must eliminate.

But, if his theory of collapse is correct—and which he thinks and *probably proves* to be correct—then why not resort to some means calculated to act directly on the vaso-motor system.

If we can only protect the nervous system, or so modify its action as to render it insensible to the influence of the morbid material, prevent contraction, and maintain the circulation, surely we have attained an important point.

Practically, it is of but little importance to us to know whether the essential cause of the disease has acted primarily upon the nervous centres, or has been conveyed to them by the blood. The all-important question is, what is the true condition present in a given case, and how shall we remedy it, leaving the abstract question of the essential cause to be settled at leisure.

One authority more:—In the last No. of the *London Lancet*, we have a lecture from Dr. MACLEAN, Deputy-Inspector-General, on the treatment of cholera; and in referring to the theory of Dr. CHAPMAN, speaks of it as an “ingenious one;” and although he differed materially from Dr. C., as to the mode in which the disease is propagated, says he would “gladly give it a fair trial, and, had the disease appeared in Victoria Hospital, was prepared to do so.” The mode of propagation to which he refers, I understand to be Dr. C.’s position, that the hyperæmic condition of the nervous centres presiding over the bowels is caused by “*excessive external heat*.” This he denies, and adduces the proof.

To my mind, however, this objection does not materially affect the question.

*Does this hyperæmic condition actually exist, let the cause be what it may?*

If so, then, in accordance with the theory of BROWN-SEQUARD, we have, in belladonna, a remedy of great potency in such condition.

I would also adduce, in favor of the idea, the well-known facts of the effect of full doses of this drug upon the capillaries

of the skin, producing engorgement, with redness and heat, simulating scarlatina, and just the opposite of collapse.

Yours, &c.,

J. A. YOUNG.

---

ARTICLE XXIV.

CASE OF VESUO-VAGINAL FISTULA—OPERATION ON.

By DARIUS MASON, M.D., Prairie du Chien, Wis.

Jan. 7th, 1862. I was called to see Mrs. W., aged 18 years, married about 12 months. She had been delivered of a male child, weighing 10 pounds, on the 1st of November, 1861, after a severe labor of about 60 hours. She was apparently convalescing well, until the 6th of November, when she discovered her urine passing involuntarily, and which had so continued up to the time of my visiting her. Upon examination by passing an ordinary female catheter into the bladder, the tip of the forefinger, *per vaginam*, came in direct contact with the catheter, through an oval opening about five lines across its long diameter transversely across the vaginal wall, and about two inches from the orifice of the urethra. The patient being in other respects in good health, I proposed an operation as soon as convenient.

Assisted by the late Dr. B. F. WHITE, of Prairie du Chien, and Drs. ANDROS and MARTIN, of McGregor, Iowa, I operated on the 17th of January. The patient put under chloroform, and placed in lithotomy position, and by the aid of Dr. SIMM's retractor, or duck-bill speculum, the fistulous opening was brought into view, when, with a long-handled knife, the vaginal mucous membrane was removed completely round the opening, extending back from its edge about two and a-half lines. I next passed four silver wire sutures, about 12 inches long, by a needle held by the *porte-aiguille* piercing the mucous membrane about two lines from the cut margin, and making its exit at the

margin of the opening, and entering the opposite margin of the opening and again making its exit through the mucous membrane, the same distance from the cut surface as at the first point of entrance; a perforated silver plate or button, of an oval shape, slightly concavo-convex, about three-fourths of an inch long, was next passed down upon the wound, the two ends of each suture passing through a perforation in the button or plate; the next step, was the passing of a perforated shot over each suture snugly down upon the plate and firmly pinched by a strong forceps, the wires were then cut close to the shot. The patient was then placed in bed upon her back, a sigmoid catheter introduced with a flexible tube attached, a single grain of opium was given immediately, and one grain every four hours for the next forty-eight hours; diet, dry toast and tea. The catheter was removed and cleansed every morning.

On the 19th, menstruation commenced, and continued through the 21st, after which, the vagina was washed every morning with tepid water. All the urine passed by the catheter, which produced very little irritation until the 24th, when it began to be very troublesome, and it was removed for two hours at a time during the day.

On the 26th, assisted by the late Dr. WHITE, I removed the plate, and found the union perfect, except a small spot about the centre of the wound which appeared to be a little ulcerated; all the urine passed by catheter introduced every four hours. By the aid of a warm water enema, the bowels were moved on the 27th. On the 29th, a little urine escaped involuntarily, and examination revealed a small opening through which an ordinary director might be passed, at the point of apparent ulceration mentioned, and through which the urine was escaping.

It was thought best that the patient should rest a little from this operation before undergoing another; consequently, the second operation was deferred until the 20th of February, when the same steps were gone through with as in the first operation, the sutures and plate being removed on the 20th of February, and the wound was well united, and, I may say, she has had good health up to the present time, having no difficulty in retaining or voiding urine.

On the 4th of October, 1865, she was delivered of a female child, weighing about seven pounds, after an easy labor of about four hours.

---

## Proceedings of Societies.

---

### PROCEEDINGS OF THE SEVERAL SECTIONS OF THE AMERICAN MEDICAL ASSOCIATION, DURING THE RECENT MEETING IN BALTIMORE.

---

The greater part of the following report of the doings in the several Sections is copied from the *New York Medical Record*, for May, 1866 :—

#### SECTION ON PRACTICAL MEDICINE AND OBSTETRICS.

##### DISCUSSION ON DIPHTHERIA.

The section was organized by the appointment of Dr. Lake J. Tefft, of New York, Chairman, and Dr. W. B. Bibbins, of New York, Secretary.

Dr. H. D. Holton, of Putney, Vermont, Chairman of the Committee on Diphtheria, as it had prevailed in the United States, made a report by reading an elaborate and interesting paper. He gave a history of the disease from its first appearance in this country, more than a century since. He insisted that diphtheria should not be confounded with follicular tonsilitis and kindred affections; in fact nothing should be dignified with the name that did not present the characteristic exudation, with swelling of the cervical glands, etc. Neither should it be confounded with scarlatina or croup. Tables were presented showing the fatal months, the proportion of deaths at various ages of the three diseases. The disease was divided into diphtheria simplex, diphtheria maligna or gangrenosa, and tracheal diphtheria. He entered at some length into the discussion of the sequelæ, stating that they were paralysis, rheumatism, and general cachexia.

After discussing the various plans of treatment, he divided it into local and general. Such mild cathartics should be used as the case seemed to require, although nothing like active purgation should be indulged in. Chlorate potassa should be given pulverized with an equal amount of sugar, a little placed in the mouth, and allowed to run down the throat, that the local as well as the constitutional effect might be obtained.



Sulph. quinin. and tr. ferri chloridi should be used as occasion required; also alcoholic liquors, either alone or combined with cinchona bark; wine whey, milk punch, and beef-tea were to be used to support the patient when a nourishing diet could not be taken.

The local applications should be such as would prevent the absorption of fluid portions of the exudation. For this purpose persulphatum ferri was recommended; also the following: R. Tr. ferri chlorodi, chlorat. potassæ aa 3 j; glycerine pure, 3 ij. Misce. Either of these to be carefully applied with a soft brush. Externally, an infusion of hops in lye of wood ashes would be found the best for any hot fomentation.

The following deductions were made: 1st. That diphtheria has occurred as an epidemic from time to time from the first settlement of this country; 2d. That it is a distinct disease, on no account to be confounded with scarlatina or croup; 3d. That it is particularly a disease of childhood, although it exempts no age; 4th. That it is communicable to that degree that it is the duty of every physician to separate the infected from those that are well, particularly in children; 5th. That it is a disease primarily affecting the blood, consequently the treatment to be effective must be not local but general, and of such a nature as to eradicate or neutralize the poison; such local treatment should, however, be used as will prevent the absorption of fluid portions of the exudation; 6th. That when the exudation has invaded the trachea, the only hope of saving the patient is in tracheotomy.

On motion of Dr. Ellsworth Eliot, of N.Y., the report was referred to the Committee on Publication.

Dr. King wished to take exception to the remark made in this paper that when the membrane is thrown off from the trachea the patient will almost always get well. He had seen two cases, one a man and the other a child, in which the membrane had been thrown off and both had died. He could not believe that the cast-off membranes were ever re-absorbed. He stated that he had ceased to use local applications for anything more than their antiseptic effects; and for this purpose he thought that the solution of common salt was as good as anything else.

Dr. Gallagher, of Pittsburg, Pa., expressed himself much pleased with the report. He regretted, however, that the author had made no reference to the use of alum as a local application. He had used that remedy with the happiest effects, and had more confidence in it than all the others. He had

used also with great satisfaction the ordinary "hard cider," with a view of assisting the elimination of the morbid materials by the kidneys.

Dr. Worthington Hooker, of New Haven, stated that there was a great tendency in the profession to run into extremes in reference to treatment. He was not disposed to think that any disease could be successfully treated by following any one plan to the exclusion of others. The really rational plan was to follow all the indications in the particular case as they might arise. There were many marked distinctions between croup and diphtheria, but he chose only to refer to the want of that severe constitutional disturbance in the former which is never absent in the latter disease.

Dr. McCollum, of Vermont, stated he had seen 200 cases of the disease in his county within the last five years. He had seen three or four cases recover after the membrane had been cast off. He never used gargles except as disinfectants. As regards ice, he had noticed benefit from its use in a great many cases. He had also been in the habit of allowing his patients to inhale the vapor of acetic acid, and with marked benefit.

Dr. Gross, of Pittsburg, stated that he had had a large experience in the treatment of diphtheria in his district, and had come to the conclusion that the best means of treatment consisted, first in the use of calomel as an antiphlogistic, followed by the very free use of chlorate of potash. He had seen 400 or 500 cases of the disease since he instituted this plan of treatment, but had not met with a single fatal case. He also, in conjunction with the foregoing remedies, made use of the solution of nitrate of silver (20 grains to the ounce) as a local application, as well as saturated solutions of alum and lemon-juice on crushed ice.

Dr. Bibbins, of N.Y., stated that some time since the question was asked him by Prof. A. Clark—What was the number of cases of diphtheria which he had met with in dispensary practice? Dr. Bibbins, before he was prepared to answer such a question, wished to know from Dr. Clark what he understood to be true diphtheria—whether the essential symptoms of the disease were considered to be adenitis, false membrane, fever, and depression of the vital powers. "Of course," replied Dr. Clark, Dr. A. Jacobi, who had studied this subject very thoroughly, has published the fact that these symptoms are always essential to the disease. A certain proportion of cases must be distributed to each individual; and such being the fact, they could not but believe that when gentlemen report such a

large number of cases as occurring in their practice they do not take into account the necessary symptoms of diphtheria; that a great many report cases which they call diphtheria, which other practitioners are not willing to admit as such. He remarked that the average mortality of true cases of diphtheria among dispensary patients was thirty-three per cent., and did not suppose that under any treatment this mortality could be much decreased. Dr. A. Clark had reported the same rate of mortality. Dr. Bibbins was led to believe, from the cases which he had met with, that the tonic and supporting plan of treatment was the only reliable one.

Dr. Shumway, of N.Y., had used with great benefit, as local applications, the nitrate of silver stick, the chlorate of potash, and the chlorate of ammonia. He apprehended that the great difficulty with many patients that were convalescent was not that they did not get medicine enough, but that there was paralysis of the throat which prevented them from swallowing them. In those cases he had used nutritive injections into the stomach with very good results.

Dr. Davis, of Ill., spoke in this connexion of blood-poisoning in many diseases, diphtheria among the rest. He thought that there was yet a great deal to be learned with reference to the true pathology of these so-called blood diseases. The query had arisen with him whether diphtheria really depended primarily upon a poison in the blood, or whether the altered condition of the blood itself, instead of being primary, was itself a secondary consequence of a prior change in the properties of the organized tissues of the human body. He discussed this question at a considerable length, showing the probability that there might be such a fundamental error in nutrition, as that assimilation or disassimilation was so interfered with that the blood was poisoned in consequence.

Dr. Hewitt remarked that he had great faith in the solvent power of both alum and chlorate of potash on the diphtheric membrane. He had taken pieces of the membrane that had been separated, and had dissolved them entirely in solutions of these salts. His treatment was to take a glass tube, pass it back into the fauces, and inject one or other of the solutions directly against the affected parts.

Dr. McIntyre, of Concord, N.H., was of the opinion that if there was any error in nutrition, it was secondary to the formation of the membrane in the throat, which by obstruction to the respiration interfered with the proper oxidation of the blood. This he considered to be the starting-point of the constitutional

trouble. For the purpose of aiding the system in the elimination of the poison in the later stages of the disease he had used colchicum seed, guaiac, and nitrate of potash, with much satisfaction.

Dr. Taylor, of Iowa, did not think that there was any good to be attained by suggesting this and that remedy for a disease which had existed in every section of the country; for different remedies must be used in different localities, and he thought the best guide for any general plan of treatment was to be found in a proper, thorough, and enlightened view of the pathology of the disease.

The meeting then adjourned.

#### SECOND SESSION.

Dr. Lake J. Tefft in the chair.

The second meeting of the Section was held at the Dental College, corner of Hanover and Lombard streets, on Wednesday, May 2, 1866, at 3.45 P.M.

The minutes of the last meeting were read and approved.

Dr. James J. Levick, of Philadelphia, read the "Report of the Special Committee on Spotted Fever."

On motion of Dr. Henry D. Holton, of Putney, Vt., the report was referred to the Committee on Publication, with a recommendation for its publication in the Transactions of the Association.

#### INHALATION OF NEBULIZED FLUIDS.

Dr. J. Solis Cohen, of Philadelphia, read a paper entitled "Remarks on the Inhalation of Nebulized Liquids, and their Topical Application to Inflamed and Ulcerated Surfaces."

The reader stated that his design was not so much to present a review of the knowledge of the profession on these topics, or to bring forward any of his peculiar views, as much as to give a resumé of the results thus far obtained from recent experience, with a view of eliciting upon a subsequent occasion a valuable paper on the whole subject of the Therapeutics of Inhalation, which should embody the experience of a number of observers, and furnish the profession with authoritative data for their general investigation, inasmuch as the literature on this subject, especially in this country, was very meagre and unsatisfactory.

The paper stated that the idea of treating diseases of the respiratory organs by inhalation, which should bring remedies directly in contact with diseased surfaces, was as old as the healing art itself; for what was more natural than to imitate the entrance of the vivifying breath of life in its access to the

economy? The records of classic Greece and Rome show that this principle was taken advantage of in the inhalation of volatile substances, and in the residence of patients upon the seashore, and in the neighborhood of volcanoes. This method of treatment fell into disuse, and was again resorted to many times, and had fallen into permanent neglect for a long period, until the discoveries of oxygen leading to further chemical research, and the promulgation of the exhilarating effects following inhalation of the nitrous oxide gas, again directed attention to the subject of inhalation as a remedial agent. Then the ammoniacal exhalations from cattle-yards, stables, etc., became largely employed in many affections, until too extended empirical application to all the ills of life meeting with failure, led the whole system into disuse, even for these affections for which it was originally intended. The discoveries of the properties chlorine, iodine, etc., of the effects of the smoking of opium among the Chinese, led to the employment of similar substances; and the whole series of narcotics, resins, and all substances producing vapor became employed in this manner.

Observations of the diseases affecting workers in minerals, metals, etc., and the *post mortem* revelations of the scalpel, proving the entrance of particles of dust into the lungs, led to the therapeutic employment of powders by inhalation.

After some other general remarks of a similar nature, the paper went on to relate that within a few years a new method of presenting *liquid substances* for inhalation *as such*, had become much employed in Europe, and seemed to promise an extensive field of success in the treatment of the whole class of pectoral troubles.

Every one is familiar with the effect of a stream of water directed upon the side of a house, how a large portion of the volume of water is directed back in a shower of small streams, or coarse spray. In certain bathing establishments in Germany, many liquid applications are made on this principle to the surface of the body in the treatment of affections of special organs, and of the general system likewise. Streams of the medicated liquid are forced against metallic plates on the walls of the bathing apartments, and fall over the desired surfaces in this shower of coarse spray.

It having been noticed that amelioration of concomitant chest affections seemed to follow this exposure for other purposes, patients were sent to these establishments to respire the air thus impregnated. The beneficial results obtained at the Inhalatorium of Dr. Auphan, of Eaux-les-Bains, established in

1849, led to similar establishments elsewhere, until finally, Sales-Girons, who in connexion with Flubé had in 1856 erected an inhalatorium at Pierre-fonds, conceived the idea of constructing on this principle a portable apparatus which could be employed by patients at their residences, and thus admit of much wider application. Sales-Girons exhibited an instrument of this kind to the Academy in 1858. His apparatus consisted of a condensing syringe, which forced a very fine stream of liquid against a convex metallic button, converting it in deflection into a very finely divided spray, having much the appearance of a dense fog or mist, the separate particles of which, suspended as they are for a time in the atmosphere playing around much like the dust observed in a sunbeam, can be drawn into the lungs by inspiration.

The paper referred to several of these apparatus, especially the modification of the tubes of Bergson, and the employment of steam by Siegle, in lieu of the compressed air, and stated that experiments upon living animals proved the entrance of these particles into the air-cells; though for various reasons, the spray striking against many surfaces during its ingress, its dissipation into a much larger volume than could be received into the mouth, etc., but a small quantity of the liquid thus nebulized (the writer thought not more than twelve per cent), could reach the smaller bronchial ramifications.

The writer thought that the application in this manner of liquid substances of known strength directly to the diseased surfaces would prove more prompt in effect, whether for good or ill, than when the entire current of the circulation became the vehicle of communication, perhaps affecting the general system when not desirable. The mucous membrane of the lungs is quick to absorb, secretes no chemical product to modify chemical medicines, and has no temporary ingesta to interfere with the direct action of remedial agents applied to it.

Although the results thus far obtained are far from being positive, and many of them unsatisfactory and negative, still they are such as to justify careful research into this new method of medication.

Some conclusions were then given as the results of recorded experience; the results of the writer's personal experience and observations, and the results of extensive experiments, carefully conducted by Dr. J. M. Da Costa, at the Pennsylvania Hospital, as well as those obtained by the latter named gentleman in his private practice.

A few remarks followed as to the manner of preparing medi-



cines for employment in this way, and their application when different parts of the air-passages were to be medicated.

Allusion was made to the employment of this system of nebulization for local applications to inflamed and ulcerated surfaces on the exterior of the body, and a certain distance within the various cavities, and an instrument devised for this purpose was exhibited, to demonstrate that in a second or two a layer of a caustic or other solution, many times more delicate than any film which could be deposited by the slightest touch of a hair pencil, could be directed upon an ulcerated or inflamed surface, whether of large or small surface. A continuous application of course can be kept up when desired, and in this connexion the method was recommended for the production of local anæsthesia for minor operations in surgery—a subject at present exciting a good deal of attention, and brought to the notice of the profession by Dr. B. W. Richardson, of London.

On motion, the paper was referred to the Committee on Publication, for publication in the Transactions of the year; but at the request of the writer the motion was modified to call for the appointment of a special committee to report on the "Therapeutics on Inhalation," at the next annual meeting of the Association.

On motion, the paper was received.

Dr. J. E. Clawson, of Delaware, moved that the Section appoint a Special Committee on the Therapeutics of Inhalation, to consist of three members, and that the paper of Dr. J. Solis Cohen, just read, be referred to that Committee. Carried.

The Chairman appointed as such Committee:—

Drs. J. Solis Cohen, Philadelphia; J. M. DaCosta, Philadelphia; L. Elsberg, New York.

Adjourned.

#### THIRD SESSION.

The Section met at Concordia Hall, on Thursday, May 3, 1866, at 1.45 P.M.

In the absence of the chairman, Dr. Ellsworth Eliot, of New York, was elected Chairman *pro tem*.

The minutes of the last meeting having been read and approved, the Section adjourned *sine die*.

#### SECTION ON MEDICAL JURISPRUDENCE, PHYSIOLOGY, AND HYGIENE.

##### *First Session, May 1, 1866.*

The session was organized at Concordia Hall, 3 P.M., May 1,



by electing Dr. Wilson Jewell, of Pennsylvania, Chairman; and Dr. A. N. Bell, of New York, Secretary.

#### REPORT ON DISINFECTANTS.

The first paper called up was the Report on Disinfectants, which was read by Dr. E. M. Hunt, of New Jersey, chairman of the committee. On motion to refer it to the Committee on Publication, it was brought under discussion by Dr. T. Antisell, who, though he considered the report in many respects an able one, did not regard it sufficiently elaborate, particularly in the special utility of dry heat for the destruction of fungous organisms resulting from the exposed excreta of persons sick of the cholera. While he regarded the most scrupulous cleanliness and care in the removal as speedily as possible, of all accumulations of whatever kind from such persons; yet he thought that here disinfectants had their chief application, and that if means could be devised for the thorough application of heat to all such accumulations, the poisonous quality for the diffusion of the epidemic would be destroyed. Of ozone and other disinfectants dwelt upon by the committee, he thought them of much less importance; and that they occupied too large a space in the report, to the exclusion of that which he considered so much more useful.

Drs. Green, C. A. Lee, E. R. Squibb, Jas. Hibberd took issue with Dr. Antisell as to the province of the committee in the report, regarding it in the main as sufficiently elaborate, and more strictly in accordance with what reports for the Transactions of the Association should be, than if it went into collateral subjects.

Drs. Hunt and Bell defended the report on the ground that it was necessarily a chief effort on the part of the committee to present a resumé of such facts as had from time to time been brought to notice in the history of disinfectants; and that it would not only be out of the province of the committee, but quite impossible, to report upon the special indications for the application of disinfectants to the various supposed causes of disease, such as the one presented by Dr. Antisell.

The motion to refer the paper to the Committee on Publication was then put, and the paper was so referred.

On motion, it was voted that Dr. Antisell be requested to prepare a paper for the next Session of the Association, *On the Causes of Epidemics*.

#### INFLUENCE OF ELECTRICITY ON EPIDEMICS.

The next paper taken up was the report of a special com-

mittee on the Influence of Electricity on Epidemics, by Dr. Squire Littell, of Philadelphia.

The report was presented to the Section on Hygiene at the last session of the Association, but owing to its length was not all read. It was deferred for the time, and owing to the supposed absence of the author from the country, the paper was omitted from the Transactions. Members of the section present who had carefully examined the paper, spoke of it in high terms, and as being well worthy of publication in the Transactions. But as it was a long paper, and had already been examined, and in part at least discussed, they did not deem it worth while to again occupy the section with its consideration.

On motion, it was referred to the Committee on Publication. The section then adjourned.

*Second Session, May 2.*

THE USE OF PERMANGANATE OF POTASH.

Dr. B. F. Craig read a paper on the use of permanganate of potash for the purification of water, especially during the prevalence of epidemic cholera.

The points of the paper were presented by Drs. C. A. Lee and E. R. Squibb, namely, that the disinfecting agent in the use of the permanganate of potassa and allied substances—was ozone. According to the remarks of Dr. Squibb, the power of disinfecting substances generally, excepting some, such as charcoal, which are absorbents, can be measured in a certain degree by the facility with which they give out or abstract oxygen. The paper under discussion was defective, in that the author assumed that the organic matter present in nature is the cause of cholera; and also that he took no note of the deposit of carbonate of potassa that would take place even to a mischievous degree in the use of the remedy. Yet, upon the whole, the paper should be regarded as a contribution to the important subject of disinfectants. It was, on motion, voted to commend it to the Committee on Publication.

COMPULSORY VACCINATION.

Compulsory Vaccination was presented as a subject of discussion by Dr. A. N. Bell, chairman of the committee on that subject. While he regarded the literature of *vaccination for the profession* exhausted, he considered the field still large for the purposes of the committee, namely, the diffusion of information among the people; and his chief object in presenting the subject in this manner, instead of by formal report, was to elicit the expression of the Section as to the best means of dif-

fusing information. In the Southern States, especially, a new field was now open for reaching a large number of persons requiring vaccination and revaccination, in order to put a stop to the ravages of small-pox, and he hoped that some of the gentlemen present would be able to assist the Committee in devising means for such a purpose.

Dr. Wm. M. Charters, of Georgia, described the terrible ravages of small-pox among the negroes at Savannah on the arrival of General Sherman's army, and attributed it, not to any want of a correct appreciation of the utility of vaccination, but to the *imperfect manner* in which vaccination was performed.

It was the practice, to a great extent, to commit this subject to unprofessional persons. In the Southern States, especially, masters and overseers thought themselves equally competent with physicians for so simple an operation. But the result justified the conclusion that the disease they communicated was frequently a *vaccinoid* sore only, and not a vaccine vesicle. The operation was performed more with reference to making a *sore* than anything else, and that was regarded as the prophylactic, but exposure proved to the contrary. In other cases, however, and these were by no means insignificant, vaccination had been well performed and it had taken perfectly, but the susceptibility to it and to small-pox not having been exhausted, the individual was still liable. He therefore advocated exhaustive vaccination to begin with; let the operation be repeated until it ceases to produce an impression, and he believed susceptibility to small-pox would be destroyed for the whole lifetime of the individual. To accomplish this, he believed in the necessity of compulsory laws, requiring every person to be thoroughly vaccinated, under such penalties as would insure compliance.

Drs. Lee and Hibberd referred to the ineffectual State laws on the subject, and also to the no less ineffectual laws of England, and thought that something more was required.

Dr. Nebinger did not believe that such laws could ever be made effectual in this country, and thought that the work of the Committee to diffuse information—which, so far as vaccination without danger, or a belief in its prophylactic powers was concerned was effectual—only now need to be pressed to the equal necessity of revaccination. On the necessity of revaccination, he knew that there were yet many physicians and a multitude of other people needing information. He cited several cases in illustration. He hoped that the Committee would be continued, and that every member of the Section would do his utmost to

press upon the attention of the profession and the public the facts that had been already presented in the last year's report.

Dr. Toner expected much good to result from registration, a subject that was now attracting much attention; and when it was so far advanced that correct information could be gained as to who was and who was not vaccinated, he thought that one great obstacle would be removed—the necessity of universal vaccination would be so much more apparent that the purpose of the Committee would be much facilitated.

On motion, it was voted that the Section recommend that the Committee be continued.

Dr. C. A. Lee introduced *leakage of gas pipes* as a subject well worthy of the consideration of the Section and of the Association.

On motion it was voted that Dr. J. C. Draper, of New York, be requested to prepare a report for the next session of the Association on the leakage of gas pipes.

*Third Session, May 3.*

ON ALCOHOL AND ITS RELATIONS TO MAN.

This paper on Alcohol and its Relations to Man, by Dr. Gerard F. Morgan, of Maryland, was presented and in part read by Dr. Dunbar, member of the special Committee with Dr. Morgan to present a report upon this subject.

After some discussion, it was, on motion, voted, that the report be presented by the Committee on the subject be referred to a new committee, to report at the next session.

Dr. Dunbar, of Maryland, Dr. T. Antisell, D.C., and Dr. N. S. Davis, Ill., were nominated, and the request referred to the Association.

Adjourned *sine die*.

---

SECTION ON SURGERY.

Dr. A. C. Post in the Chair; Dr. J. H. Burge, Secretary.

*First Session, May 1.*

At a meeting of the Surgical Section of the American Medical Association, held at the Dental College, corner of Hanover and Lombard streets, Baltimore, Md., May 1, 1866, at 3 o'clock P.M., Dr. Alfred C. Post, of New York, was elected Chairman, and Dr. J. H. Hobart Burge, Secretary.

There being no report of the papers which had been referred to this Section, a motion was made to adjourn, to meet again in the same place at 3 o'clock P.M., on Wednesday, 2d instant. Carried.

*Second Session, May 2.*

The Surgical Section met at 3 o'clock, pursuant to adjournment.

Dr. Post in the Chair.

Dr. J. S. Cohen, of Philadelphia, offered a paper by Dr. J. M. Boissot of the same city, on Fracture of the Patella, and exhibited an apparatus for its treatment. On motion, the paper was referred to the Publication Committee.

Dr. J. S. Cohen read a paper on Vocal Paralysis, with Aphonia, cured by the application of stimuli and by the use of what he called vocal gymnastics. The paper was referred to the Publication Committee.

Dr. J. J. Woodward, U.S.A., chairman of Committee on Causes and Pathology of Pyæmia, presented a very elaborate paper. The Section listened for nearly an hour, when several members expressed their great interest in the communication, but owing to the shortness of the session it was voted to refer it at once to the Publication Committee, with the recommendation that it be published in full.

Dr. Woodward also presented some very beautiful photographs, illustrative of the success attained in micro-photography. In these specimens microscopes of very differing powers had been used.

Dr. A. C. Post, of New York, exhibited an original instrument for the bilateral operation of lithotomy.

Dr. J. C. Hutchinson, of Brooklyn, said he had used the instrument with satisfaction, and therefore moved that Dr. Post be requested to furnish a description for publication in the Transactions of this Association. Seconded and carried.

Dr. Post presented, also, a new instrument for making applications to the os uteri. It consists of a straight and rather slender pair of forceps, made short for convenience of carrying, but when in use elongated by a handle screwed thereupon. By a slide upon the forceps the blades are approximated and made to close firmly upon any object. The Doctor observed that it might be used either as a forceps to hold any substance which the operator might wish to apply, or to remove extraneous substances from the vagina.

Dr. Post also presented a small instrument to facilitate the introduction of insect pins for sutures; some of these pins being so delicate that without such guide they bend and become useless. The instrument consists of a sharp-pointed, slightly-curved, grooved needle—the groove being in its long axis. In

using, the needle is to be introduced to the very position which the pin is intended to occupy. The pin is then guided by the groove, carried to its place, and held there while the needle is withdrawn in the backward direction.

Dr. H. R. Storer, of Mass., presented an instrument which he called "The Clamp Shield," designed by him to lessen the dangers of extirpation of the uterus by abdominal section, and read a paper on the subject, which was referred to the Committee on Publication.

#### FOUR OPERATIONS FOR LITHOTOMY ON SAME PATIENT.

Dr. J. C. Hughes, of Iowa, reported a case of vesical calculi, in which he had four times performed the bilateral section in the same patient. When the second operation became necessary, lithotritry was attempted, but failed. At the time of the third operation the patient was much emaciated and very feeble, yet he recovered nicely. In less than another year the fourth operation was demanded, when twelve calculi were removed; drawings of these accompanying the papers. Dr. Hughes spoke highly of the bilateral as compared with the lateral operation, having performed it twenty-one times with the loss of but a single patient.

The paper was referred to Publication Committee.

Dr. Hughes also spoke of a new method of operating upon limbs which were both curved and shortened. He said Barton's mode was to saw out the V-shaped portion of the bone on its convexity; but as Dr. Hughes wished both to straighten and lengthen the limb, he cut down on the convex side, and passing a chain-saw around the bone, made a partial section on the side of its concavity, and then used such manual force as was necessary to straighten it—thus leaving a chasm to be filled instead of losing an additional inch.

It was moved by Dr. H. R. Storer, of Mass., that Dr. Hughes be requested to write a description of the operation for insertion in the Transactions of this Association.

On motion, the section adjourned to meet at 8 o'clock P.M., to-morrow, May 3d, in the same place.

#### *Third Session, May 3.*

The Section met at the appointed hour. Dr. Post in the chair.

Dr. Lewis A. Sayre, of New York, moved that Dr. Post be requested to furnish for the Transactions of the Association a description of his grooved needle, previously exhibited. Dr. Sayre thought the thanks of the profession were due to Dr.



Post for this unpretending but eminently useful instrument. Carried.

Dr. Sayre then read a paper on Luxation of the Femur into the Ischiatic Notch, of Nine Months' Standing, reduced by manipulation.

Referred to Publication Committee.

Dr. Dewit C. Enos, of Brooklyn, read a paper on the Introral Method of operating for Removal of Lower Jaw.

Referred to Publication Committee.

Dr. George M. McGill, U.S.A., presented a paper advocating the adoption of a periosteum flap in all amputations in the continuity—including a report of five cases. The Dr. exhibited casts of two of the stumps after these operations, which were beautifully oval.

Paper referred to Publication Committee.

Dr. Enos thought the suggestion of Dr. McGill a good one, but in one case in which he had made a periosteal flap in his own practice there had been such a reproduction of bone as to necessitate a second operation.

Dr. Louis Elsberg, of New York, read a paper on the Means of Diagnosis at present available in Diseases of the Larynx, with full directions for the use of Laryngoscope.

On motion, referred to Publication Committee.

Dr. B. J. Raphael, of New York, stated that Dr. Montrose A. Polk, of —, made a partial report in 1860, on —, and moved that the committee be continued. Carried. On motion of Dr. Raphael, Dr. E. Krackowizer, of New York, and Dr. J. S. Cohen, of Philadelphia, were appointed a Committee to report on the subject of Local Anæsthesia. Dr. Post made some remarks on the subject of partial anæsthesia and the co-operation of the intelligent patient with the practitioner.

On motion of Dr. B. J. Raphael, Dr. Henry D. Noyes, of New York, was appointed a committee to report on the influence upon vision of the abnormal conditions of the muscular apparatus of the eye.

On motion of Dr. E. Krackowiser, of New York, Dr. Raphael was appointed a committee to report on the comparative merits of the different operations for the extraction of vesicular calculi.

Whereupon the Section adjourned *sine die*.

#### SECTION OF METEOROLOGY, MEDICAL TOPOGRAPHY, AND EPIDEMIC DISEASES.

The section was called to order at 3½ o'clock, P.M., May 1st, 1866. Dr. B. H. Catlin, of Conn., was chosen Chairman, and Dr. N. S. Davis, of Ill., Secretary.



A letter from Dr. R. C. Hamil, of Chicago, member of the Committee on Meteorology and Epidemics for the State of Illinois, was presented to the section, stating that important progress had been made in preparing a report, and asking for further time to complete it. On motion of the Secretary, Dr. Hamil was continued a member of the committee another year, and requested to report complete at the next annual meeting of the Association.

The following resolution was offered by the Secretary, and after some remarks on the importance of the several sections of the Association, and the necessity of their perfecting a more permanent and systematic organization, it was adopted as follows:—

*Resolved*, That the section on Meteorology, Medical Topography, and Epidemics, appoint a committee to prepare rules for the permanent organization of said section, with instructions to report at the opening of the section to-morrow.

Drs. N. S. Davis, of Illinois, and B. H. Catlin, of Conn., were appointed said committee.

On motion, the section adjourned to 3 o'clock, P.M., to-morrow.

*Wednesday, May 2d, 1866.*

The section was called to order at 3, P.M., Dr. B. H. Catlin, in the chair. The minutes of the meeting on the previous day were read and approved.

Dr. N. S. Davis, from the committee appointed to report rules for more efficiently organizing the section, reported as follows:—

*By-Laws of the Section of Meteorology, Medical Topography, and Epidemics.*

1st. The officers of the section shall consist of a President and Secretary, who shall continue their office one year, and until their successors are elected.

2d. The Secretary shall keep a fair record of the doings of the section, with an abstract of all discussions of papers and questions acted upon by the section, and report the same to the Association, or to the Permanent Secretary of the Association, within thirty days after the adjournment of each annual meeting.

3d. When any report, paper, or question is read to the section it shall be subject to a full discussion, but no member shall speak more than once on the same subject, until all others who wish to speak have been heard.

4th. Every report or paper referred to the section shall receive a sufficient examination, to determine fully its contents and merits, before it can be recommended for reference to the Committee of Publication. And whenever reports or papers are presented of such length and nature that the section cannot give them the necessary examination during the limited time of its annual sessions, it shall refer them to a sub-committee, with instructions to complete their examination, and report the result to the Permanent Secretary of the Association, within thirty days after the adjournment of the annual meeting.

5th. It shall be the duty of the section to select such topics for original investigation, and refer them to special committees, as will be best calculated to increase our knowledge of those departments of medical science placed in charge of the section.

On motion, the report of the committee was accepted, and the foregoing rules adopted unanimously.

The Secretary stated that a paper had been referred to the section for consideration, on the "Etiological and Pathological relations of Epidemic Erysipelas, Spotted Fever, or Cerebro-Spinal Meningitis, and Diphtheria," by Dr. N. S. Davis, of Chicago, Illinois.

The reading of the paper having been called for, it was read in full by the author. It was listened to with interest and attention; and the allusions in it to the etiology of epidemics generally, led to a very interesting discussion of the question, of how far *local meteorological and sanitary* conditions influence the origin and spread of epidemic cholera?

Dr. Woodward, of Fort Wayne, Indiana, said that sporadic cases of genuine spasmodic cholera occurred in his locality every summer. He stated that two cases came under his observation during the summer of 1865, presenting all the phenomena of true cholera, as perfectly as he had ever observed in the midst of an epidemic of that disease. He thought epidemics usually originated from an exaggeration of the same local influences that gave rise to sporadic cases, as suggested in the paper just read.

Dr. Worthington Hooker, of New Haven, Connecticut, stated that he had seen cases of real cholera during its epidemic prevalence, so perfectly disconnected from all other cases, that contagion or communication was not possible. He could attribute such cases to no other than local causes. He stated that there appeared to be three theories in relation to the origin and spread of cholera. The first was that which made it depend entirely on a specific poison of a contagious and portable charac-

ter. The second made the disease depend upon an infectious poison or miasm, capable of acting only when there are special local qualities of the atmosphere favorable for its action or increase. The third attributes its origin and spread exclusively to local meteorological and sanitary influences. His own convictions were, that in periods when the cholera prevails as an epidemic, certain unexplained telluric influences are added to local causes, which render the latter more active, and gives to the disease greater tendency to spread from place to place with some regularity.

Dr. Stockwell, of Michigan, gave an interesting account of the prevalence of epidemic cholera on one side of the St. Clair river, during the summer of 1854, in a limited district, while the other side of the river and surrounding places were exempt, though intercourse remained entirely unobstructed. In the district where the disease prevailed, the soil was level, and immediately underlaid with tenaceous clay, thereby preventing ready escape of the surface water, and exerting an influence on the electrical condition of the atmosphere. The soil on the other side of the river was sandy and porous, allowing of the most rapid percolation of water.

Dr. N. S. Davis, of Chicago, remarked that we were yet without the data necessary for determining with certainty either the origin or mode of spread of cholera. If we accept one series of facts, and confine our attention to them, we shall be led directly to the doctrine of contagion and portability. If we accept another series of facts, equally well established, we shall be just as certainly led to the conclusion that cholera arises from local causes. But if we examine critically the circumstances claimed as facts in either series, it will be found that a large proportion of them have been so imperfectly observed, or recorded in such careless general terms, that they are of very little value. He had participated actively in the study and treatment of five different epidemics of cholera, and so far as his own observations were concerned, they led him directly to the conviction that the disease neither travels from country to country, nor propagates itself by contagious virus, or infectious dejections. He mentioned many facts of interest, but claimed that he could not settle definitely the origin of epidemics until more systematic meteorological and sanitary records were kept from year to year, in connection with equally exact records of the prevalence and specific character of diseases. When this has been done long enough to cover the periodical return of two or three epidemics, we shall be able to command all the elements necessary

for a comparison, *etiologically*, of epidemic seasons, with those which precede and follow.

Then, and not until then, can we, with confidence, deduce such conclusions as should guide, both the profession and the municipal authorities, in the adoption of sanitary laws.

On motion of Dr. Wilson, the paper that had been read to the section, was referred to the Committee of Publication.

The following resolution was offered by Dr. Davis, and adopted, viz.:—

*Resolved*, that the secretary of this section be requested to enter into correspondence with the members of the Committee on Meteorology and Epidemics in the several States, and such other persons as he may think proper, for the purpose of establishing a uniform system of meteorological and sanitary records, embracing the thermometric, barometric, hygrometric, electric, and ozonic conditions of the atmosphere; the topography; and the sanitary conditions; in connection with a coincident record of the kind, special character, and extent of the prevalent diseases, at representative points throughout the whole country.

On motion the section adjourned.

N. S. DAVIS, Secretary.

#### SECTION ON PSYCHOLOGY.

*May 2d.*

The members of the Section on Psychology unite in the recommendation that the subject of insanity be again referred to a committee, for a report at the next meeting of this body, and that Dr. Isaac Ray, of the Butler Hospital for the insane, at Providence, R.I., be that committee, if the rules of the Association will allow of a committee of *one*, or, if the committee must be larger, that he be the chairman thereof.

CLEMENT A. WALKER, Chairman.

*Committee on Insanity.*—Drs. Isaac Ray, Rhode Island; Wilson Lockhart, Indiana; W. P. Jones, Tennessee; W. H. Stokes, Maryland; A. B. Cabaniss, Mississippi.

---

#### PROCEEDINGS OF THE MORGAN COUNTY MEDICAL SOCIETY.

The Morgan County Medical Society met in the Court House, Jacksonville, at 2 o'clock P.M., May 17, 1866, pursuant to adjournment, the President being in the Chair. The minutes of the previous meeting were read and approved.

The President announced the report of the Committee on the Constitution to be in order, which was, accordingly, read by the Secretary.

On motion, it was resolved to adopt each article separately. The several Articles of Section I. were adopted without eliciting debate, but Article I. of Section II., which reads as follows:—

“Any honorable member of the regular medical profession, who is not accredited in the community where he resides as Homœopathic, Hydropathic, Eclectic, &c., also, who is a graduate of a respectable school, or of ten years’ reputable practice, but if an under-graduate, he must secure a certificate of attainment from the examining board. All gentlemen thus qualified participating in this organization, by signing this Constitution and paying a fee of one dollar to the Treasurer, shall become members.”

On motion of Dr. Henry Jones, it was resolved to amend, by striking out “&c.” after the word Eclectic. Dr. Reed objected to the word “accredited,” and moved to amend by striking it out, which was seconded by Dr. Wilber, with the explanation that he did so to give Dr. Reed an opportunity to present his objection, and not because he objected to that word himself, for he should vote against its being stricken out.

Dr. Reed proceeded to explain his objection. Said he might be accredited in this community with being what he was not, a Homœopathist; that whereas he might have expressed his conviction that there was power in attenuated medicines in certain cases, that he did not receive or practice Homœopathy as a system. It was said, in reply to the Doctor, that if he desired the coöperation and assistance of his professional brethren to disabuse the public mind in reference to his being a Homœopathist, that they would cheerfully lend their aid, that he might not thus be accredited in this community.

As the Doctor signed the Constitution and became a member, it is understood by the Society that he does not accept Homœopathy as a system of practice. The motion to amend this clause being lost, it was accepted with the remaining Articles, without further debate.

The ceremony of signing the Constitution being over, the Society proceeded to the election of permanent officers.

On motion of Dr. Askew, it was resolved to dispense with the established form, by ballot, on the present occasion, for want of time.

Dr. Askew nominated Dr. McVey, of Waverly, for President the ensuing year, which being put to the Society by the Secretary was carried by a unanimous vote.

On motion of Dr. Stephenson, Dr. J. P. Johnson, of Lynnville, was elected Vice-President.

On motion of Dr. Edgar, Dr. Bibb was chosen Secretary by a unanimous vote.

Dr. J. Craig, of Arcadia, having been nominated for Treasurer, was elected by a unanimous vote.

The following gentlemen were elected as Examining Committee:—Drs. W. S. Edgar, D. Prince, Henry Jones, C. Fisher, and J. Askew.

It being ascertained that the Society was entitled to four delegates to the State Medical Association, the following gentlemen were elected by ballot to represent the Society the present year:—Drs. Henry Jones, Askew, Miller, of Waverly, and Bibb, of Jacksonville.

The President announced the next order of business to be the reading of an essay by Dr. Henry Jones on Asiatic Cholera. The Doctor having seated himself at the desk, commenced to read his manuscript at the forty-ninth page (fearing that there would not be time to read all.) He was listened to with marked attention and interest to the conclusion, nearly two hours.

On motion of Dr. Prince, it was resolved that Dr. Jones be solicited to furnish a copy of his dissertation to some medical journal for publication. The thanks of the Society were tendered to Dr. Jones, for his very able and instructive essay.

On motion of Dr. Edgar, it was resolved to make Asiatic Cholera the subject of general debate at the next meeting of the Society. Dr. Prince suggested that Dr. Edgar open that discussion.

The following gentlemen were elected honorary members of the Society:—Drs. J. T. Cassel, Samuel Adams, and Morrison,

of Jacksonville; W. B. Perry, of Berlin; James Layton, of Manchester; and Charles Chandler, of Chandlersville.

On motion, it was resolved that the next meeting of the Society should take place at 10 o'clock A.M., in this place, on the second Thursday in June, to which time the Society adjourned.

R. E. McVEY, M.D., *Pres't.*

G. R. BIBB, M.D., *Sec'y.*

---

### SIXTEENTH ANNIVERSARY MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY.

DECATUR, JUNE 5, AND 6, 1866.

The regular Annual Meeting of the Illinois State Medical Society assembled in Powers' Hall, Decatur, June 5th, at 9½ o'clock A.M. The President, Dr. J. M. STEELE, of Grandview, called the Society to order, and the Rev. D. C. MARQUIS, opened the exercises by prayer.

Dr. E. W. MOORE, Chairman of the Committee of Arrangements, welcomed the Delegates to the hospitalities of the City of Decatur; and reported as present the following members:—

Drs. J. H. Hollister, J. S. Jewell, E. L. Holmes, J. W. Freer, N. F. Quailes, Ira Hatch, T. D. Fitch, and S. A. McWilliams, of Chicago, Cook Co.

Drs. T. F. Worrell, D. L. Crist, C. R. Parke, John Little, S. W. Noble, and D. O. Crist, of Bloomington, McLean Co.

Drs. J. A. Heckelman, Alex. McBride, S. McBride, S. T. Trowbridge, B. A. Allison, J. A. W. Hostetter, O. F. Parker, Ira N. Barnes, E. W. Moore, and J. Brown, of Decatur, Macon Co.

Drs. Daniel Stahl, Louis Watson, Joseph Robbins, W. M. Landon, of Quincy, Adams Co.

Drs. Geo. T. Allen, P. J. Wardner, and A. A. Patterson, of Springfield, and W. H. Veatch, of Pawnee, Sangamon Co.

Drs. Geo. R. Bibb, David Prince, of Jacksonville, and R. E. McVey, of Waverly, Morgan Co.

Dr. E. W. Mills, of Sullivan, Moultrie Co.



Drs. J. H. Tyler, B. K. Shurtleff, R. T. Richards, and W. W. Adams, of Clinton, DeWitt Co.

Dr. H. Noble, of Heyworth, McLean Co.

“ N. Wright, of Chatham, Sangamon Co.

“ Geo. W. Albin, of Neoga, Cumberland Co.

“ F. B. Haller, of Vandalia, Fayette Co.

“ J. M. Steele, of Grandview, Edgar Co.

“ L. T. Hewins, of Loda, Iroquois Co.

“ S. P. Breed, of Princeton, Bureau Co.

“ W. M. Chambers, of Charleston, Coles Co.

“ John Wright, of Clinton Institute of Medicine.

“ J. O. Hamilton, of Jerseyville, Jersey Co.

The following were then proposed and duly elected permanent members:—

Drs. J. M. Harwood; W. E. Wilson; B. A. Allison; Charles N. Denison; W. B. Hostetter; O. F. Parker; J. A. Heckelman; and W. H. Walters, of Decatur, Macon Co.

Drs. P. H. Bailhache; H. C. Barrell; B. M. Griffith; and H. H. Roman, of Springfield, Sangamon Co.

Dr. J. N. Ralston, of Quincy, Adams Co.

“ C. Gorham, of York,

“ W. M. Wilcox, of Mattoon,

“ S. B. McGlumphy, of Lincoln,

“ D. T. Kyner, of Macon,

“ J. P. Taggart, of Cairo,

“ C. J. Gill, of Bloomington,

“ J. A. Ward, of Livingston,

“ N. G. Blalock, of Mount Zion, Macon Co.

A letter from Dr. N. S. Davis, Permanent-Secretary, was read, stating that he was unable to attend the present Annual Meeting, on account of severe sickness.

On motion, Dr. S. A. McWilliams, of Chicago, was appointed Secretary *pro tem*.

The following committee of one from each County represented, was appointed to nominate the Officers, and fill the Standing Committees, for the ensuing year, viz.:—

- Dr. H. Noble, of McLean Co.  
“ Louis Watson, of Adams Co.  
“ S. P. Breed, of Bureau Co.  
“ J. W. Freer, of Cook Co.  
“ W. M. Chambers, of Coles Co.  
“ G. W. Albin, of Cumberland Co.  
“ J. H. Tyler, of DeWitt Co.  
“ J. M. Steele, of Edgar Co.  
“ F. B. Haller, of Fayette Co.  
“ L. T. Hewins, of Iroquois Co.  
“ S. T. Trowbridge, of Macon Co.  
“ R. E. McVey, of Morgan Co.  
“ N. Wright, of Sangamon Co.  
“ S. B. McGlumphy, of Logan Co.

The Committee retired, and after a brief consultation reported the following nominations:—

*For President*—Dr. F. B. HALLER, of Vandalia,

*Vice-President*—Dr. L. T. HEWINS, of Loda,

*2d Vice-President*—Dr. N. WRIGHT, of Chatham,

*Treasurer*—Dr. J. H. HOLLISTER, of Chicago.

On motion, the report of the Committee was accepted, and the candidates nominated unanimously elected.

Drs. W. M. Chambers and H. Noble were appointed a committee to conduct the officers just elected to their places.

Dr. J. M. STEELE, the retiring President, thanked the Society for its uniform kindness and support, and retired with the cordial good wishes of every member.

Dr. F. B. HALLER, the President elect, was then introduced, and, after a brief and appropriate address, entered upon the discharge of his official duties.

A communication from the Adams County Medical Society was presented and read, making certain charges against Dr. Addison Niles, of Quincy.

After some discussion, the following resolution, offered by Dr. T. F. Worrell, of Bloomington, was adopted, viz.:—

*Resolved*, That a committee be appointed, who shall prefer charges against Dr. Addison Niles, based on the representations

made by the Adams County Medical Society, and shall furnish him with a copy of such charges, with notice to appear before this Society, at its next regular Annual Meeting.

Drs. T. F. Worrell, of Bloomington, J. Brown, of Decatur, and H. Noble, of Heyworth, were appointed such committee.

The following Report of the Permanent Secretary and Publishing Committee was then read:—

REPORT OF THE PERMANENT SECRETARY AND COMMITTEE  
OF PUBLICATION, FOR 1866.

In accordance with the Constitution, which provides that the State Medical Society shall hold its Annual Meeting on the first Tuesday in June, whenever the American Medical Association meets on the first Tuesday in May, the Permanent-Secretary gave early notice, in both the Medical Journals published in the State, that the present Meeting would be held at Decatur, on the first Tuesday in June. Also, that, in consequence, the Delegates appointed to attend the American Medical Association in Boston, last year, must also fill the same appointment at Baltimore, this year, as there would be no opportunity to appoint their successors. He furnished each Delegate new credentials for that purpose.

In accordance with the directions of the State Society, at its last Annual Meeting, the Committee of Publication put the Transactions of the last year to press early, and as usual printed 800 copies; also, separately, 500 copies of the Constitution, By-Laws, and Code of Ethics.

Although the whole expense of type-setting for the Transactions was avoided by first publishing the matter in the *Examiner*, yet the printer's bill, for the present year, is as follows:—

300 Copies of Transactions for 1865, -----	\$195,49
500 do of Constitution, By-Laws, etc., ----	57,00

Total, -----	\$252,49
--------------	----------

The amount paid on this bill and the balance unpaid, will be shown by the Report of the Treasurer.

Of the 300 copies of Transactions, about 40 were required to supply Members of the Society, about 20 have been sent to the

various Medical Periodicals, leaving about 240 copies on hand. About the same proportion of those published each year, since the undersigned has been Secretary, are still left to encumber the shelves of his office. In consequence of the very small number of copies of Transactions either paid for or read by the Members of the State Society, and the constant indebtedness of the Treasury, we would respectfully suggest that, in future, the Committee of Publication be instructed to publish the Proceedings of the Society in the *Chicago Medical Examiner*, and issue extra copies to the number only just sufficient to supply such Members of the Society as have paid their dues before the 1st of August. The *Chicago Medical Journal* might also publish so much of the Proceedings as its Editors might choose. By this course, the Society would soon be out of debt, and receive all the real benefits that have ever been obtained by the publication of their Proceedings.

All of which is submitted.

N. S. DAVIS,

*Permanent-Secretary.*

After having been read, the Report was referred to a Special Committee, consisting of Drs. S. W. Noble, W. M. Chambers, and T. F. Worrell.

The report of Dr. J. H. HOLLISTER, as Treasurer, was read and referred to an auditing committee.

The Treasurer also reported, that in accordance with the instructions of the Society, he had caused to be prepared a book, in which to preserve the constitution, by-laws, list of officers and members, and the Treasurer's accounts.

The Society then adjourned until 2 o'clock P.M.

#### AFTERNOON SESSION.

The Society was called to order at 2 o'clock P.M., Dr. F. B. HALLER, President, in the Chair.

Dr. H. NOBLE, Chairman of the Committee on Practical Medicine, presented his report, with an accompanying paper from Dr. F. B. HALLER. After reading, the report and accompanying paper were referred to the Committee of Publication.

Dr. E. L. HOLMES, Committee on Ophthalmology, presented

and read his annual report, which was accepted and referred to the Committee of Publication.

On motion, it was resolved that the annual assessment on each member for the present year be *three dollars*.

The Committee to whom had been referred the Annual Report of the Permanent-Secretary, made the following report:—

Your Committee, to whom was referred the report of Dr. N. S. DAVIS, would respectfully report that, in our opinion, the publication of the proceedings of this Society in either of the medical journals would be inexpedient.

We, therefore recommend, that the proceedings be published in pamphlet form, and that there be but one hundred copies published.

We further recommend that the Committee of Publication have the privilege of first publishing the proceedings in the MEDICAL EXAMINER, to save expense—provided there is not money enough in the treasury to pay for the immediate publication.

We likewise recommend, that the annual assessment be three dollars, and that the Treasurer correspond with every delinquent member, explaining his manner of keeping the records, and urging them in the strongest manner possible to keep themselves good on the books.

All of which is very respectfully submitted.

S. W. NOBLE,  
W. M. CHAMBERS,  
T. F. WORRELL.

After considerable discussion, on motion of Dr. D. PRINCE, the report of the Committee was laid on the table.

Dr. D. PRINCE proposed, as an amendment to the clause of the constitution relating to permanent members, that the words "but without the right of voting," be stricken out. Proposition lies over one year, under the rule.

On motion, the Society adjourned until 8 o'clock P.M.

#### EVENING SESSION.

At 8 o'clock P.M., the Hall was well filled with a popular

audience, to hear an address from Dr. GEO. T. ALLEN, of Springfield. The President called the meeting to order, and the speaker was introduced by Dr. E. W. MOORE, Chairman of the Committee of Arrangements.

The address of Dr. Allen was listened to with much pleasure and profit. At its close, the Society adjourned until 9 A.M. of Wednesday.

WEDNESDAY, SECOND DAY.

The Society met at 9 o'clock A.M., the President, Dr. HALLER, in the Chair.

The minutes of the previous day's proceedings were read by the Secretary and approved.

On motion of Dr. J. BROWN, the Society tendered a vote of thanks to Dr. Allen for his public address last evening.

Dr. J. H. HOLLISTER presented and read a paper on Bromine and its compounds, as remedial agents, and the pathological conditions indicating their use. The paper elicited some discussion, and was referred to the Committee of Publication.

Dr. J. S. JEWELL presented and read a full and carefully prepared report on Cerebro-Spinal Meningitis, which was listened to with close attention, and referred to the Committee of Publication.

On motion, the Society adjourned to 1½ o'clock P.M.

AFTERNOON SESSION.

The meeting was called to order at 1½ o'clock P.M., the President, Dr. HALLER, in the Chair.

The Secretary read a paper on Spotted Fever, by Dr. F. R. PAYNE, of Marshall, which was referred to the Committee of Publication.

Drs. Worrell and Brown, from the committee appointed to prefer charges against Dr. Addison Niles, of Quincy, reported as follows:—

"The undersigned having been appointed a committee to prefer charges against Dr. Addison Niles, of Quincy, a member of this Society, respectfully submit the following report:—

"That we charge Dr. Niles with having violated the Code of

Ethics, by representing the 'Quincy Medical Society,' which we consider irregular, being composed, in part, of members who had been expelled from the Adams County Medical Society.

T. F. WORRELL,  
J. BROWN."

The report was accepted, and the Secretary instructed to furnish Dr. Niles with a copy, and request him to answer to the same in person at the next annual meeting of the State Medical Society.

Dr. H. NOBLE, Chairman of the Committee on Nominations, made the following report:—

*For Place of Next Annual Meeting.*—SPRINGFIELD.

*For Assistant-Secretary.*—Dr. P. H. Bailhache, of Springfield.

*Committee of Arrangements.*—Drs. N. Wright, of Chatham; B. M. Griffith, H. B. Buck, J. Townsend, and Wm. Jayne, of Springfield.

*Committee on Practical Medicine.*—Drs. J. Adams Allen, of Chicago; R. E. McVey, of Waverly; and L. T. Hewins, of Loda.

*Committee on Surgery.*—Drs. H. W. Davis, of Paris; C. R. Parke, of Bloomington; and G. R. Bibb, of Jacksonville.

*Committee on Obstetrics.*—Drs. DeLaskie Miller, of Chicago; N. Wright, of Chatham; and J. N. Ralston, of Quincy.

*Committee on Drugs and Medicines.*—Drs. P. H. Bailhache, of Springfield; N. T. Quales, of Chicago; and J. Miner, of Waverly.

*Committee on Ophthalmology.*—Dr. E. L. Holmes, of Chicago.

*Committee on Curvatures of Spine and Hip Disease.*—Drs. J. W. Freer and R. G. Bogue, of Chicago.

*Committee on Plastic Surgery.*—Dr. David Prince, of Jacksonville.

*Committee on the Co-Relation between Electricity and Nervous Force.*—Dr. D. T. Kyner, of Macon.

On motion, the report of the Nominating Committee was accepted, and its recommendations adopted.

On motion of Dr. T. D. FITCH, a committee of three was



appointed, to report at the next annual meeting, on "Specialties and Medical Advertising."

The President appointed Drs. T. D. Fitch, N. S. Davis, and D. Prince, to act as such committee.

A paper on the use of Bromide of Ammonium in the Treatment of Epilepsy, by Dr. IRA HATCH, of Chicago, was read by Dr. Hollister, and referred to the Committee of Publication.

Dr. D. PRINCE proposed the following amendment to the constitution:—

*"Art. 3d—Meetings.*

"The Annual Meetings of this Society shall be held on the Third Tuesday in May of each year."

On motion, the following members were duly elected Delegates to the next Annual Meeting of the American Medical Association:—

- Dr. F. B. HALLER, of Vandalia,
- " DAVID PRINCE, of Jacksonville,
- " J. H. HOLLISTER, of Chicago,
- " LOUIS WATSON, of Quincy,
- " H. NOBLE, of Heyworth,
- " T. F. WORRELL, of Bloomington,
- " S. T. TROWBRIDGE, of Decatur,
- " JOHN WRIGHT, of Clinton,
- " P. J. WARDNER, of Springfield,
- " D. L. CRIST, of Bloomington,
- " J. M. STEELE, of Grandview,
- " J. A. W. HOSTETTER, of Decatur,
- " L. T. HEWINS, of Loda,
- " G. W. ALBIN, of Neoga,
- " WM. M. CHAMBERS, of Charleston,
- " C. GOODBRAKE, of Clinton,
- " S. W. NOBLE, of Bloomington,
- " SAMUEL MCBRIDE, of Decatur,
- " JAMES MINER, of Waverly,
- " J. BROWN, of Decatur,
- " GEO. T. ALLEN, of Springfield,
- " R. T. RICHARDS, of Santa Anna,

Dr. J. ROBBINS, of Quincy,  
" R. E. McVEY, of Waverly,  
" W. E. WILSON, of Decatur.

On motion of Dr. HOLLISTER, each delegate was authorized to appoint a substitute, in case of his own inability to attend.

Dr. CLARKE, of Illiopolis, exhibited an interesting specimen of monstrosity.

Dr. S. P. BREED, of Princeton, exhibited a uterine polypus, with a verbal history of the case; for which he received the thanks of the Society.

Dr. E. W. MOORE, Chairman of the Committee of Arrangements, presented a list of volunteer papers.

Dr. C. R. PARKE, of Bloomington, read the report of a case of death from the inhalation of chloroform; which, after an interesting discussion, was referred to the Committee of Publication.

Dr. S. T. TROWBRIDGE, of Decatur, presented a communication in the form of a law to be enacted by the State Legislature, designed to secure a higher grade of qualifications for practising physicians in this State.

On motion of Dr. STAHL, of Quincy, the paper of Dr. Trowbridge was referred to the following Committee:—

Drs. S. T. Trowbridge, Geo. T. Allen, P. H. Bailhache, H. Noble, and David Prince; and the same instructed to prepare suitable measures of legislation, and to urge their passage by the next Legislature.

Dr. N. WRIGHT, of Chatham, read a paper on Cholera, which was referred to the Committee of Publication.

Dr. VEATCH presented a paper on Malarial Fever, which was referred to the Committee of Publication.

Dr. GEO. T. ALLEN, of Springfield, was appointed a Special Committee to report on the *Radical Cure of Reducible Hernia*.

Dr. W. M. CHAMBERS, of Charleston, was appointed a Special Committee to report on Syphilis.

On motion of Dr. S. W. NOBLE, it was resolved that, at the next Annual Meeting, all volunteer papers be handed to the Chairman of the Committee of Arrangements, at the commencement of the meeting.

On motion of Dr. HOLLISTER, a vote of thanks was unanimously tendered to the Committee of Arrangements, and to the Physicians of Decatur, for the very judicious and hospitable manner in which they had received and entertained the Society at its present meeting.

On motion, the Society adjourned *sine die*.

The number in attendance at the present meeting was larger than at any previous meeting since the organization of the Society.

S. A. McWILLIAMS, *Sec'y pro tem*.

---

### **The Clinique.**

---

#### **CLINICAL CASES IN THE MEDICAL WARDS OF MERCY HOSPITAL, JUNE 5TH, 1866.**

By N. S. DAVIS, M.D., Prof. Practical and Clinical Medicine, Chicago Medical College.

CASE I. *Chronic Ague; Enlargement of Spleen; Cough.*—This patient is a boy, aged about 16 years, who was admitted to the Hospital about three weeks since. Those members of the hospital class who were in attendance at that time will remember examining him carefully, soon after his admission. His skin was bloodless; lips, tongue, and gums pale, indicating a decidedly spanæmic or impoverished condition of the blood, especially in reference to the red corpuscles; pulse soft, and nearly natural in frequency; appetite impaired; and he complained of a harsh cough, with some soreness in the chest; and great muscular debility. He had suffered paroxysms of intermittent fever, at irregular intervals, for several weeks. You will also remember, that a physical exploration by auscultation, percussion, and palpation, revealed a mixture of dry and moist rhonchi in both sides of the chest, and extensive dulness over the left hypochondriac region, extending from the seventh rib to near the anterior part of the crest of the ilium; the first, indicating chronic bronchitis, and the latter, a decided enlarge-

ment of the spleen. The pathological conditions then presented by the patient were, impaired tonicities of the organized structures with that impoverishment of the blood which usually results from chronic ague, complicated with a low grade of inflammation in the bronchial mucous membrane, and enlargement and induration of the spleen. To meet the indications for treatment afforded by the general impairment of tonicity, and irregular paroxysms of ague, the patient was directed to take three grains of sulphate of quinine after breakfast and dinner each day. For the bronchial irritation and enlargement of the spleen, he was directed to take a teaspoonful of the following mixture before each mealtime and at bedtime:—

R. Muriate of Ammonia,-----	℥iij.
Tart. Ant. et Pot.,-----	gr.ij.
Sulph. Morph.,-----	gr.ij.
Syrup of Liquorice,-----	℥iv.

Mix.

The muriate of ammonia in the mixture was represented as a valuable alterative, well calculated to promote absorption of the adventitious deposits or exudations into the spleen, without any of the objectionable properties possessed by the preparations of mercury; while the small doses of antimony and morphine would lessen both the irritability and vascularity of the bronchial mucous membrane. He followed the foregoing treatment for one week, with a constant improvement in all his symptoms. The quinine was then limited to one dose after breakfast each morning, and the muriate of ammonia mixture continued four times a-day as before. At the end of the second week, his cough was entirely removed, and his strength, color, and appetite so much improved that he ceased to present himself for further advice until to-day.

You see, now, his general aspect very much changed. His prolabia are red; the veins of the surface moderately full; and his flesh increased. He has had no cough, appetite good, and bowels regular; but during the last few days he has complained of several attacks of pain in the epigastrium, apparently of a neuralgic character. We say neuralgic, because they were

accompanied neither by fever, loss of appetite, or flatulency. By re-examining the epigastric and left hypochondriac regions at this time, you find nothing unnatural in the epigastric region proper, but dulness still exists over too large a portion of the hypochondrium. And by placing the patient in the dorsal position, with thighs flexed upon the pelvis so as to relax the abdominal muscles, the fingers pushed a little deeply under the margin of the ribs on the left side readily feels the rounded hard margin of the spleen; thus showing that it is still larger and harder than natural. The enlargement is very much less than when admitted into the hospital, three weeks since, but still sufficient to impair the functions of that organ, and, indirectly, that of the stomach also. It is quite probable that the paroxysms of epigastric pain, of which he complains, have originated from taking food more freely than the digestive organs could digest perfectly. The leading indications for treatment at present are, to improve the functions of the stomach and still further reduce the enlargement of the spleen. To fulfil these indications, we will give the patient one of the following pills before each mealtime and at bedtime:—

Ry.	Ext. Hyoscyamus, -----	40 grs.
	Ext. Taraxacum, -----	40 grs.
	Sulph. Ferri, -----	20 grs.
	Pillulæ Hydrarg., -----	20 grs.

Mix, and divide into 40 pills.

The hyoscyamus and iron are designed to improve the sensibility and secretory action of the stomach, while the taraxacum and blue mass will continue such alterative action as will further reduce the enlargement of the spleen. The food of the patient should be plain, easily digested, and taken in very moderate quantities at a time.

CASE II. Mr. B., aged 35 years, a native of Ireland, was admitted into the hospital eight days since. He is addicted to the excessive use of alcoholic stimulants, and was exhibiting the initial symptoms of delirium tremens at the time of admission into the hospital. His mind was despondent and apprehensive; frequent startings; insomnia; and loss of appetite.

To control these symptoms, he took the tincture of *Cannabis Indica*, in doses of 20 drops, every four hours, and small quantities of beef-tea at suitable intervals. Under this treatment the nervous symptoms so far subsided that the patient slept well, recovered a moderate appetite, and lost all that starting and apprehensive state of mind characteristic of ordinary delirium tremens. Still, a week has elapsed since the amount of improvement just stated, and the patient instead of being up ready for a discharge, as is usual in most cases of this kind, is here in bed, presenting a train of obscure symptoms which require the most careful attention of the physician. The mind presents a degree of torpor or vacuity, and a forgetfulness that often causes him to give erroneous answers to questions, and sometimes to exhibit slight wandering for a few minutes at a time. The skin is cool and relaxed, but the pulse constantly up to 100 per minute; the tongue moist, pointed, and tremulous; little or no appetite; and though complaining of no pain in the abdomen, yet pressure on the epigastrium causes a frown that indicates plainly some tenderness. The fæcal and urinary secretions are nearly natural.

The symptoms now presented by the patient indicate the existence of a grade of irritation in the gastric mucous membrane, such as causes passive congestion of the capillaries and suspension of the secretion of gastric juice, and, therefore, loss of appetite. The brain, which had suffered derangement both in its nutrition and sensibility during the period of excessive use of alcoholic stimulants, cannot readily regain its natural condition and steadiness of function, while the stomach fails to replenish the blood with the products of healthy digestion. You thus see not only a clear explanation of the symptoms at present existing, but also the further dangers to which the patient is exposed. The continuance of the impaired condition of the brain makes the patient constantly liable to, at least, temporary mental hallucinations, under the influence of which he might do injury to himself or others, and thereby make himself subject to accusations of crime by the majority of those around him. On the other hand, a continuance of the morbid

condition of the gastric mucous membrane would lead either to softening of its texture, or chronic follicular inflammation. To obviate these tendencies and restore the patient to health, we must adopt such treatment as will allay the morbid condition of the stomach, and thereby renew the processes of digestion and assimilation. This will result in furnishing the brain with the restorative influence of nutritious and healthy blood, and its functions will soon become steady and normal. There are several formulæ well adapted to accomplish this result, so far as medicine is needed. The following are such as I have frequently used with benefit:—

R̄. Nitras Argenti,----- 10 grs.  
Ext. Hyoscyamus,----- 30 grs.

Mix, and divide into 30 pills, one of which should be given before each mealtime and at bedtime.

R̄. Oxide of Zinc,----- 30 grs.  
Lupulin,----- 20 grs.

Mix, and divide into 12 powders, one of which may be given before breakfast, dinner, and at bedtime.

R̄. Sub. Nit. Bismuth,----- 5j.  
Lupulin,----- 18 grs.

Mix, and divide into 12 powders, one of which may be taken before each meal, and at bedtime.

For the patient before us, we shall direct the pills mentioned in the first of these prescriptions, to be given, one each morning, noon, teatime, and bedtime. He should be induced, also, to take a moderate amount of plain nourishment, such as milk, rice, beef-tea, etc., at each mealtime.

The results of this treatment, you will learn at a future clinic hour.

NOTE.—After using the remedies and diet indicated above eight or ten days, the patient had recovered a moderate appetite, a cheerful expression of mind and countenance, but his muscular strength improved very slowly. The nitrate of silver was then discontinued, and strychnine, in doses of one-twentieth of a grain substituted in its place, under which his recovery was slowly completed.



## Selections.

### ON ETHER AS A LOCAL APPLICATION.

By JOHN J. BLACK, M.D., of Philadelphia.

Our attention was drawn to this subject by an article in the Quarterly Summary of the number of this Journal for October 1864, p. 523, on the "Pathology and Treatment of Aphthæ." The author of that article, Dr. Jules Worms, whose paper originally appeared in the *Gazette Hebdomadaire*, concluded from a minute examination of the deposit on the surface of aphthæ, that it consisted of a fatty matter which is not to be found in any other disease of the mouth, and he inferred from the solubility of the exudation in ether, that this article might prove a useful remedy for the affection. Accordingly he resorted to the application, and with the most beneficial results. This remedial agent removes, he states, "the yellowish secretion, a new epithelium promptly forms, and no trace of the superficial ulcers remains beyond slightly increased vascularity of the mucous membranes."

Prompted by this statement, I determined to give the remedy an extended trial, and I shall now endeavor to show, by the results, that ether locally applied is a most efficient remedy not only in aphthous ulcers but also in most of the other diseases of the mucous membrane of the mouth and adjacent parts, in which, according to the researches of Dr. Worms, the deposits are of a non-fatty nature.

*Aphthæ.*—We have used the application in several cases of this disease, and invariably found the affection to yield after a few applications, daily repeated. A camel's-hair brush was dipped in ether and applied freely over the parts; it appeared to smart a little at first, but great relief soon followed. This was certainly marked both in character and point of time, in comparison with that obtained by borax and similar preparations.

"*Thrush.*"—In this disease above all others we have been pleased with the results of the application. The cases presented themselves in the obstetrical wards of the Philadelphia Hospital, Blockley, which of course were fruitful in that disease—containing so many badly nourished children. It was applied directly to the parts, as in aphthæ, with a camel's-hair brush.

At first it produced or seemed to produce a slight difficulty in inspiration, which was soon relieved by a hearty cry of the infant. Of course its presence in the mouth could not have been pleasant, but in no case was it followed by an unpleasant symptom. The deposit was not immediately dissolved, but seemed to disappear gradually, and in most cases after twenty-four hours there was none whatever to be seen, and the one application completed the cure (at least the local cure). In other cases a few spots remained, and if they persisted after another twenty-four hours we repeated the application, and in every instance a cure resulted. These cases were all carefully watched, some of them for several months, and in no case was there the slightest return of the complaint. In from three to four days the mucous membranes became perfectly normal; in the interval from the disappearance of the deposit to this time it presented something of the appearance of erythematous stomatitis without the usual dryness attendant on that affection. Between twenty and thirty cases were treated in this manner, and after the disappearance of the thrush they improved wonderfully. These results tend to strengthen the idea that thrush is a local disease confined to the mouth, or at least that this part only causes inconvenience, and the constitutional troubles as it were radiate from that centre.

*"Ultero-Membranous Stomatitis."*—In this disease we have had the opportunity of testing it in three cases. One supervening upon pleurisy died with extensive sloughing of the parts of the jaw involved. Another recovered without any serious trouble, and seemed to have been greatly benefited by the ether. The third case, more serious, also recovered. Here the parts were apparently in a gangrenous condition, and it only differed from true gangrene of the mouth in commencing in, and being more particularly confined to, the gums, without seriously involving the cheek. The sloughs were kept well detached, the parts washed with diluted chlorinated soda, and the ether applied thoroughly morning and evening. A change for the better soon came over the parts, and the patient recovered with the loss of a portion of the alveolar border of the jaw. Of course we combined with this treatment tonics and stimulants to the fullest extent.

to cleanse the teeth, gums, and tongue from sordes, and such accumulations in low fevers, and might possibly produce a permanent change for the better in the secreting apparatus there situated.

There is another trouble in which ether must prove a very

valuable remedy, although we have not had the opportunity of testing it. We refer to "herpes præputialis," that annoying and troublesome complaint with which some persons are so much afflicted. It would also possibly prove efficacious in many skin affections, such as eczema, psoriasis, etc., the crusts having first been removed with a poultice.

According to Prof. Wood, ether has been locally applied to neuralgic pains, earache, superficial burns and scalds, and also to aid in the reduction of strangulated hernia; but in all these cases the cuticle was entire. There are doubtless many other conditions in which ether might be beneficially applied as a local agent, and which will doubtless suggest themselves in practice. There is, however, one more condition in which we must refer to its beneficial action, viz., chronic ulcers. We have not had the opportunity recently of observing it in those troublesome lesions, and here beg leave to express our thanks for the following observations made in the surgical wards of the Philadelphia Hospital, Blockley, by our friend Dr. Charles E. Smith, Jr., resident physician in that institution.

"At the suggestion of Dr. J. Black I tried the effects of ether as an application to chronic ulcers in the surgical wards of the Philadelphia Hospital, Blockley. For the first trial I selected ten cases, the ulcers being on the legs, and from one to twelve years' standing; some of them being partially healed during that time, and had reopened. In seven of these ten cases the sores were covered with a dirty yellowish-white exudation, looking as though melted tallow had been poured over them; two were indolent in character with thickened and everted edges; one was in a sloughing condition. The seven first mentioned healed up rapidly in from two to four weeks, leaving a *very* small cicatrix. The indolent ones improved for a time under the use of the ether, but soon ceased to respond, other remedies seeming to finish what it began. The sloughing one remained as it was, the application seeming to have no effect. The patient died of scurvy. After this I tried it upon three more cases in which the tallow exudation was well marked, with the most satisfactory results, they having healed within three weeks. The ether was applied with a camel's-hair pencil, about one drachm painted on every morning like varnish, nothing else. The question here arises whether ether might not act beneficially locally applied to true gangrene?

In acute pharyngitis, the sore throat every day met with, we have found it one of the very best applications, in all its stages. We apply it with a camel's-hair brush; at first it stings for a

minute or two, and then a pleasant coolness is experienced in the part, giving most marked relief, and patients almost invariably express themselves as feeling greatly benefited. The most noticeable feature in these cases is, the rapid subsidence of the swelling and tumefaction of the parts, and which the patient never fail to notice. In chronic pharyngitis also it produces the same marked relief, and in specific and non-specific ulcerations of the throat, where the patient is much troubled by the accumulations of mucous and the other secretions, we have found the best plan of treatment to consist in washing out the throat well with a mop dipped in a strong alkaline solution, which dissipates the mucus, etc., and then applying ether to the parts. In chronic laryngitis we have seen benefit derived from inhaling ether, not of course up to the production of anæsthesia. Here an attempt at its local application proves decidedly irritating.

In diphtheria we have not yet had the opportunity of testing the remedy, but this is the disease in which we have always expected to derive the greatest benefit from it. While we do not consider the mere throat manifestations as the sum and substance of diphtheria, nevertheless it is rational to suppose that these exudations, when swallowed, must tend to poison the system anew, and set up exhausting diarrhoeas, etc., and looking at them in this light, it is certainly of the greatest importance to get rid of them. It is also, perhaps, of not less importance to get rid of the mechanical impediment which they offer to the breathing, and also of the swelling, which is so often a serious matter. As before stated, we have not had the opportunity of testing it in this disease, but my friend, Dr. D. F. Woods, of this city, has kindly reported to me a case in which he used it, and in which he derived from it all the benefits before mentioned. He said it appeared to disperse the membrane, reduced the swelling, and altogether placed the patient in a more comfortable condition. Dr. Woods also reported to me that he had used it often in the ordinary pharyngitis, tonsillitis, etc., frequently combining nitrate of silver with it, and always with the most marked and decided benefit, surpassing in his estimation all other remedies.

It strikes me at the moment that ether might also be useful being done for them, except supporting the leg with a bandage. They improved from the first application, granulations of a healthy character sprung up almost immediately, and the ulcers healed rapidly, leaving a very slight cicatrix. In one case in particular in which the ulcers had existed for three years, the

skin for several inches around them being of a dirty brown color, healed as though by magic, and at the end of a month the coloration had almost entirely disappeared. These experiments have lead me to the conclusion that in chronic ulcers, in which there is an exudation over the surface looking like a false membrane, the ether causes it to disappear and granulations to spring up, the ulcers healing much sooner than by any other means. In indolent ulcers with raised edges it acts very well for a time as a stimulant, but sooner commences to lose its power. I think the ether acts more decidedly during hot than during cold weather, the ulcers then appearing to respond to it with more certainty."

The ether used in all the foregoing cases was the sulphuric ether, the "Æther," U.S.P.

In regard to the manner in which ether locally applied produces its results, we remark, in the first place, that it is a local stimulus, and appears thoroughly searching and penetrating in its action. Thus then it increases absorption, prevents or dispels congestion, and allows free osmotic action. Again, very probably it changes the nature of the local cell action, which having been turned from its normal channel may thus be driven back to its course. Again, it undoubtedly acts to a great extent chemically. It has been shown by Rokitsansky and others that most of these exudative inflammations contain fat, both the mucoid exudative and the fibrinous exudative, the one running into the other, except it be checked. Now the well-known solvent power of ether over fats shows us then that it must act beneficially through its chemical properties. Other chemical changes it doubtless brings about, but of their true nature we are at present unable to determine.

Such then are the results obtained from our short experience in the application of ether as a local remedy, that it is available for much more extended usefulness, we have little doubt; as such then when we commend it to the profession, with the full assurance that it will prove a valuable accession to the aramentarium of the physician.

N.B.—It is well to bear in mind when using ether in any manner that great caution must always be observed to prevent the near approach of flame or heat to it, for by neglecting this point serious accidents may arise.

---

ON DILITATION OF THE OS UTERI DURING LABOR BY INCISIONS.—Dr. Hilderbrandt, of Konigsburg.—The author commences by a brief account of nine labors, in seven of which

primiparæ, advanced in life, suffered from rigidity of the os uteri; against which ipecacuanha, opium, poultices, baths, bleedings, and chloroform were all unavailing.

Incisions were made, after which all the cases were fortunately terminated.

Incisions were also made, with a like favorable result, in one case of convulsions, and one in prolapsus of the cord. He proceeds to consider the proposed risks that have deterred accoucheurs from the performance of the operation. It has been feared that the pain of incisions, in a part already irritated by a foetal pressure, and in persons inclined to nervous disorder by prolonged labor, might be productive of mischief. This fear is wholly groundless; the incisions themselves being scarcely felt by the patient, and the relief actually afforded by them being very great. Others have dreaded an extension of the incisions during pain, so that they might come to involve the substance of the uterus, and produce the fatal effects of rupture. This is visionary. The incisions do sometimes yield a little, but never so far as to reach even the cervical portion of the womb; and the operator, by relieving an impediment to the advance of the fœtus, diminishes instead of increases the danger of rupture.

Lately, it has been feared that excessive hemorrhage might attend or follow the incisions, but this fear is never realized in practice. In cases that require such treatment, the os uteri is morbidly changed, and so bloodless that the hemorrhage from the excisions does not exceed a few drops. Where incisions are made into a healthy uterus, in order to effect a rapid delivery, the bleeding may be greater, but its source is always accessible, and it may, therefore, always be readily controlled, while in such cases, which are almost limited to eclampsia and placenta prævia, the danger from hemorrhage can never be equal to the danger of delay. The operation is chiefly indicated, however, in morbid conditions of the vaginal portion of the cervix, such as rigidity, hypertrophy, and malignant disease. For forced delivery, with a healthy cervix, the incisions should be six or eight in number, and not more than three lines in depth.—*N. Y. Jour. of Medicine.*

---

TREATMENT OF DIPHThERIA.—Dr. Greenhow, well known as an authority on this subject, makes known his most recent experience in regard to the treatment of diphtheria, in a clinical lecture reported in the London *Lancet*. In his estimation, the most valuable of all remedies in the asthenic form of the



disease, is the tincture of iron (tinc. ferri chloridi, U.S.P.) in full doses, proportioned to the age of the patient. In milder cases he uses the chlorate of potassa both as a gargle and internally. As far as we can judge, these medicines are in very general use by American practitioners. We are in the practice of directing the patient to retain the medicine, whether the iron or the chlorate, for some moments in the fauces before swallowing, so as to get the benefit of their local application. An excellent method of using the chlorate for children is to powder the salt finely with an equal quantity, or twice the quantity, of sugar, and put it in the mouth frequently, a pinch at a time. This mode of administering it is very beneficial in many throat affections of adults.—*Pacific Med. & Surg. Jour.*

---

**SYPHILITIC SARCOCELE. SLOUGHING OF THE SCROTUM. REMOVAL OF THE GLAND. NITROUS-OXIDE.** —, æt. 22 The patient contracted chancre three years ago, which was followed by inguinal enlargement and profuse skin eruption. Ulceration of his nose is a prominent symptom, and the part has assumed the flattened appearance consequent upon the loss of its bony structure. About a year since, the right testicle began to enlarge, became heavy, very hard, and, at times, painful. Six weeks ago, the testicle increased enormously in size, the skin covering it sloughed, leaving the organ entirely denuded. There is a fetid discharge, which weakens him very much. In this disease we find the organ infiltrated with a yellowish lymph, which is deposited in and around the tubes, finally obliterating the normal structure. The parts here have sloughed to such an extent as to leave no chance for the organ being covered by skin. In consequence of this, the great discharge, and the disorganization of the part, we shall remove it. The nitrous-oxide was inhaled, perfect anæsthesia being induced, an incision was made running up the cord, which was turned out and divided. The hæmorrhage being controlled with one acupressure needle.—*Medical & Surgical Reporter.*

---

**THE HYDRATE OF LIME.**—Liebig suggests that, in close rooms and on shipboard, deficient ventilation may be compensated by the use of hydrate of lime. Eighteen or twenty pounds of slaked lime will absorb thirty-eight or thirty-nine cubic feet of carbonic acid gas, which would be immediately replaced by an equal volume of fresh air entering through the crevices.



MORTALITY FOR THE MONTH OF APRIL.—The mortality report for the month of April, as compiled by the health-officer, is given below. The report shows an increase of 28 deaths over the mortality of the same month in 1865, and an increase of 24 over the number for March. It would be difficult for the disciple of Hippocrates, however, metaphysically inclined, to deduce from the following careful figures any indications of a visitation of the cholera. The number as usual will increase until September, consequent on the usual summer causes:—

## CAUSES OF DEATH.

Accidents, -----	7	Fever, Scarlet, -----	6
Bright's Disease, -----	1	Fever, Typhoid, -----	9
Bronchitis, -----	1	Fever, Typhus, -----	2
Burned, -----	2	Hydrocephalus, -----	6
Cancer, -----	2	Inanition, -----	1
Childbed, -----	8	Inflammation of Brain, -----	11
Chlorosis, -----	1	Inflammation of Bowels, -----	8
Colic, -----	1	Inflammation of Lungs, -----	24
Congestion of Brain, -----	4	Inflammation of Throat, -----	1
Congestion of Lungs, -----	4	Intemperance, -----	1
Consumption, -----	37	Measles, -----	4
Convulsions, -----	23	Neuralgia, -----	1
Croup, -----	16	Old Age, -----	9
Debility, -----	1	Poisoning, -----	1
Delirium Tremens, -----	1	Rheumatism, -----	2
Diarrhoea, -----	2	Scrofula, -----	1
Diarrhoea, Chronic, -----	1	Stillborn, -----	9
Diphtheria, -----	5	Stone in Bladder, -----	1
Disease of Bowels, -----	2	Suffocation, -----	2
Disease of Heart, -----	1	Teething, -----	5
Disease of Liver, -----	3	Tuberculosis, -----	1
Dropsy, -----	9	Typhoid Pneumonia, -----	1
Drowned, -----	6	Unknown, -----	23
Dysentery, -----	3	Whooping-Cough, -----	1
Erysipelas, -----	1	Wound, -----	2
Fever, Childbed, -----	2		
Fever, Congestive, -----	1	Total, -----	278
Fever, Remittent, -----	1		

AGES OF THE DECEASED.—Under 5 years, 129; over 5 and under 10 years, 16; over 10 and under 20, 17; over 20 and under 30, 36; over 30 and under 40, 23; over 40 and under 50, 24; over 50 and under 60, 11; over 60 and under 70, 8; over 70 and under 80, 6; over 80 and under 90, 1; unknown, 7. Total, 278.

## NATIVITIES.

Chicago, -----	128	France, -----	1	Sweden, -----	2
Other States, -----	56	Holland, -----	1	Unknown, -----	6
Canada, -----	2	Ireland, -----	24		
Denmark, -----	1	Norway, -----	4	Total, -----	278
England, -----	3	Nova Scotia, -----	1		
Germany, -----	45	Scotland, -----	4		
North, -----	65	South, -----	99	West, -----	114
				Total, -----	278

**EXPLANATION.**—Several editorial articles and book notices are crowded out of this number by the Proceedings of the Illinois State Medical Society.

**PERSONAL.**—We learn with pleasure that our esteemed friend Dr. LOUIS BAUER, of Brooklyn, N.Y., has returned from his recent visit to Europe, as vigorous in health and professional enthusiasm as ever.

---

### BERKSHIRE MEDICAL COLLEGE.

**THE FORTY-FOURTH ANNUAL COURSE OF LECTURES IN THIS**  
Institution will commence on THURSDAY, JUNE 14TH, 1866, and continue eighteen weeks.

#### FACULTY.

H. H. CHILDS, M.D., PRESIDENT.

WM. WARREN GREENE, M.D., DEAN.

HENRY H. CHILDS, M.D., Emeritus Professor of the Theory and Practice of Medicine.

CORYDON L. FORD, A.M., M.D., Professor of Anatomy and Physiology.

WM. WARREN GREENE, M.D., Professor of Principles and Practice of Surgery and Clinical Surgery.

ALONZO B. PALMER, A.M., M.D., Professor of Pathology and Practice of Medicine.

WM. C. RICHARDS, A.M., M.D., Professor of Chemistry and Natural History.

HORATIO R. STORER, A.M., M.D., Professor of Obstetrics and Diseases of Women.

A. B. PALMER, A.M., M.D., Acting Professor of Materia Medica and Therapeutics.

HORATIO R. STORER, A.M., M.D., Acting Professor of Medical Jurisprudence.

FRANK K. PADDOCK, M.D., Demonstrator of Anatomy and Prosector of Surgery.

By the recent action of the Officers of the College, two weeks have been added to the Course, making it now eighteen weeks in length; and it will hereafter commence on the Thursday nearest the middle of June, instead of the first Thursday in August, as heretofore; thus giving time for a full Summer Course, without interfering with the Winter or Spring terms of other Schools.

It is intended that the Course of Instruction in each Department shall be eminently thorough.

Medical and Surgical Clinics are held every Wednesday and Saturday.

Several valuable prizes are offered in different Departments.

Circulars containing full information sent on application to

WM. WARREN GREENE, M.D., DEAN.

Pittsfield, Mass., Feb. 17, 1866.

---

**DR. EDWARD L. HOLMES,**

**170 DEARBORN STREET, CHICAGO.**

**Special attention given to Diseases of the Eye and Ear.**

Referred, by permission, to the Editor of this Journal.